AIDS: A Global View

Robert M. Jarvis

Abstract

Wherever there are people, there is AIDS.

KEYWORDS: AIDS, global, African
AIDS: A Global View*

Robert M. Jarvis**

I. Introduction

Wherever there are people, there is AIDS.1 What was once an African problem2 is now a global crisis,3 and each passing day brings a new wave of cases.4 In some parts of the world, the AIDS crisis is already a full-scale epidemic. Elsewhere, AIDS has yet to reach its full fury.5

Since it was first recognized in 1981,6 the subject of AIDS has generated more than 10,000 scientific articles.7 Although the legal

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1. AIDS, or Acquired Immune Deficiency Syndrome, has become an internationally recognized acronym. The coining of the term AIDS is discussed infra note 90. The nature of the disease is reviewed infra notes 89-99 and accompanying text.
2. See infra notes 26-46 and accompanying text.
3. See Is Nobody Safe from AIDS?, ECONOMIST, Feb. 1, 1986, at 79. See also infra notes 62-67 and accompanying text. A table listing the number of AIDS cases reported by country through November 25, 1987 appears infra at Appendix A.
4. It is difficult to say whether these are new cases or merely cases which previously have not been reported. Because of the lack of adequate medical diagnostic facilities in many parts of the world, see infra notes 30 and 96-99 and accompanying text, it is probable that many new cases are actually old cases. In addition, the incubation period for AIDS has been estimated to be five years. See R. SHIELDS, AND THE BAND PLAYED ON: POLITICS, PEOPLE, AND THE AIDS EPIDEMIC 598 (1987). As such, there is a long lead time between infection and the appearance of the disease.
5. This is particularly true in Asia, see infra notes 68-83 and accompanying text, and South America, see infra notes 84-86 and accompanying text.
7. See U.S. PUBLIC HEALTH SERVICE, AN ANNOTATED BIBLIOGRAPHY OF SCIEN-
community has not produced nearly as many works, it too can point to a substantial body of writing, with articles on AIDS and constitutional rights, AIDS and insurance, AIDS and the criminal justice system, AIDS and the tort system, AIDS in schools, AIDS in prisons.

TIFIC ARTICLES ON AIDS FOR POLICYMAKERS v (1987).

AIDS in the military, and AIDS in the workplace. Yet despite the fact that many people believe that AIDS is the world's most serious health problem, only sporadic attention to AIDS outside the United States has been made by American legal commentators. Undoubtedly, this imbalance can be explained by the fact that the United States has reported more cases of AIDS than any other country. Indeed, the number of AIDS cases and deaths in the United States far surpasses the combined number in all other countries.

Nevertheless, AIDS is a global phenomenon which already has provoked a variety of transnational reactions. Among the most important responses to date are the holding of numerous international medical conferences, the proclamation in March 1987 of an unprecedented

17. Of course, heart disease, cancer, diabetes, pneumonia, suicide, and drunk driving cause more deaths in Western populations than does AIDS. Similarly, more people in underdeveloped countries die each year from malnutrition, inadequate sanitation, lack of clean water, diarrhea, malaria, measles, and tuberculosis than from AIDS. Nevertheless, the danger presented by AIDS is greater than all of the other threats to human health because, whereas the incidence of traditional causes of death has remained fairly stable, the occurrence of AIDS is mushrooming. Between 1983 and 1987, the number of worldwide cases of AIDS jumped from approximately 3,000 to nearly 70,000. See infra notes 62-67 and accompanying text. In Canada, health officials reported nearly twice as many AIDS cases in 1985 as they did in 1984. See Emslie, AIDS Surveillance in Canada, CAN. M.A.J., Oct. 1, 1986, at 780. In the United States, the number of AIDS cases has been doubling every ten months, and as many as 1.7 million Americans may have already been exposed to the AIDS virus. See Sivak & Warmst, How Common Is HTLV-III Infection in the United States?, 313 NEW ENG. J. MED. 1352 (1985). In New York City, AIDS is already the leading cause of death among males who are 30 to 34 years old. See Kristal, The Impact of the Acquired Immune Deficiency Syndrome on Patterns of Premature Death in New York City, 255 J. A.M.A. 2306 (1986). See also, Eckholm, Number of AIDS Cases Up Sharply in New York City, N.Y. TIMES, Apr. 25, 1986, at 1, col. 5.

18. See infra notes 47-61 and accompanying text and Appendix A. Currently, the United States accounts for approximately two-thirds of all reported AIDS cases. Much of the disparity between the number of AIDS cases reported in the United States and the rest of the world may be explained by the vastly superior medical facilities and reporting procedures available in the United States.

19. See infra notes 111-17 and accompanying text. For a general overview of the
community has not produced nearly as many works, it too can point to a substantial body of writing — articles on AIDS and constitutional rights, *AIDS* and insurance, *AIDS* and the criminal justice system, *AIDS* and the tort system, *AIDS* in schools, *AIDS* in prisons, *AIDS* in the military, and *AIDS* in the workplace. Yet despite the fact that many people believe that *AIDS* is the world’s most serious health problem, only sporadic mention of AIDS outside the United States has been made by American legal commentators. Undoubtedly, this imbalance can be explained by the fact that the United States has reported more cases of AIDS than any other country. Indeed, the number of AIDS cases and deaths in the United States far surpasses the combined number in all other countries.

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19. See infra notes 111-117 and accompanying text. For a general overview of the
bilateral patent agreement by the United States and France in order to promote international AIDS research;\(^{20}\) the launching in June 1987 of a worldwide education campaign by the World Health Organization (WHO);\(^{20}\) the announcement in June 1987 of a common statement on AIDS by the leaders of Western Europe, Japan, and the United States;\(^{20}\) and the adoption in October 1987 of a resolution calling on all nations to band together to fight AIDS by the General Assembly of the United Nations.\(^{20}\) Because efforts such as these largely have been overlooked by American commentators, this article will attempt to present the international contours of the AIDS crisis. By doing so, it is hoped that a critical gap in the existing American legal literature will be filled.\(^{20}\)

II. The Global Presence of AIDS

AIDS has been described as "a massive problem, one with national and international implications."\(^{21}\) While the exact origins of AIDS are unclear, most medical researchers now believe that AIDS is part of a family of related viruses that evolved in Central Africa during the late 1950's and early 1960's.\(^{22}\) There are at least two pieces of evidence being undertaken by the international medical community, see Chen, The AIDS Pandemic: An Internationalist Approach to Disease Control, DIADEMA, Spr. 1987, at 116.

20. See infra notes 102-10 and accompanying text and Appendix B.
21. See infra notes 123-25 and accompanying text and Appendix C.
22. See infra notes 156-57 and accompanying text and Appendix D.
23. See infra notes 158-59 and accompanying text and Appendices E and F.
24. One recent non-legal work has attempted to present some of the international aspects of the AIDS epidemic albeit in a sketchy way. In his massive work on AIDS in the United States, journalist Randy Shilts discusses AIDS in a number of different countries, including Canada, Denmark, France, Germany, Great Britain, Haiti, Israel, Japan, New Zealand, Puerto Rico, Rwanda, the Soviet Union, Sweden, Switzerland, and Zaire. See Shilts, supra note 4.
29. See Gallo, First Word, OMNI, Dec. 1987, at 10; Chase, AIDS Is Causing Fur More Illness than Figures Convey, Wall Street J., May 30, 1986, at 19, col. 6; and King, Doctors Cite Stigma of AIDS in Declining to Report Cases, N.Y. Times, May 27, 1986, at A1, col. 1. The major reason for underreporting in the West is that many doctors believe that they will protect the victim's reputation and spare his family from public ridicule if a cause of death other than AIDS is reported on the death certificate. Id. Fear of being labelled an AIDS victim has been of particular concern among the artistic community, which has been devastated by the disease. Indeed, until Rock Hudson died shortly before his death on October 2, 1985, no performer had acknowledged publicly that he had AIDS. See Shilts, supra note 4, at 575-82. In the months immediately prior to his death, Hudson also founded the American Foundation for AIDS Research (AmFAR); fellow movie star Elizabeth Taylor later became the national chairwoman of AmFAR. Id. at 590. Four years later, Ms. Taylor continues to raise funds for AIDS research. Ms. Taylor's largest effort to date has been a March 13, 1988 benefit in South Florida. See Nunes & Lassiter, Liz's AIDS Plea Brings $1.3 Million, Ft. Lauderdale News/Sun-Sentinel, Mar. 14, 1988, at 1A, col. 2, and Gross, Big Guns Draw Lines in War Against AIDS, Ft. Lauderdale News/Sun-Sentinel, Jan. 3, 1988, at 5E, col. 4 (previewing the benefit). Some local Florida AIDS groups have complained, however, that Ms. Taylor's South Florida benefit will make it more difficult for them to raise funds. See Nevin, Benefit Sparks Battle: AIDS Groups Fear Reduced Donations, Ft. Lauderdale News/Sun-Sentinel, Jan. 10, 1988, at 6B.

Unlike Rock Hudson, most celebrities dying from AIDS have lied about their condition to protect their posthumous public images: musical showman Liberace claimed to be suffering from dietary problems; choreographer Michael Bennett blamed his health problems on heart disease; lawyer Roy Cohn announced that he had liver can-c
bilateral patent agreement by the United States and France in order to promote international AIDS research, the launching in June 1987 of a worldwide education campaign by the World Health Organization (WHO); the announcement in June 1987 of a common statement on AIDS by the leaders of Western Europe, Japan, and the United States; and the adoption in October 1987 of a resolution calling on all nations to band together to fight AIDS by the General Assembly of the United Nations. Because efforts such as these largely have been overlooked by American commentators, this article will attempt to present the international contours of the AIDS crisis. By doing so, it is hoped that a critical gap in the existing American legal literature will be filled.

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27. See Brooke, In AIDS Theory, Africa Sees Racism, N.Y. Times, Nov. 19, 1987, at 17, col. 4 (mat'1 ed.).


29. See Gallo, First Word, Omni, Dec. 1987, at 10; Chase, AIDS Is Causing Far More Illness than Figures Convey, Wall Street J., May 30, 1986, at 19, col. 6; and King, Doctors Cite Stigma of AIDS in Declining to Report Cases, N.Y. Times, May 27, 1986, at A1, col. 1. The major reason for underreporting in the West is that many doctors believe that they will protect the victim's reputation and spare his family from public ridicule if a cause of death other than AIDS is reported on the death certificate. Id. Fear of being labelled an AIDS victim has been of particular concern among the artistic community, which has been devastated by the disease. Indeed, until Rock Hudson's death, he acknowledged publicly that he had AIDS. See Shilts, supra note 4, at 575-82. In the months immediately prior to his death, Hudson also founded the American Foundation for AIDS Research (AmFAR); fellow movie star Elizabeth Taylor later became the national chairman of AmFAR. Id. at 590. Four years later, Ms. Taylor continues to raise funds for AIDS research. Ms. Taylor's largest effort to date has been a March 13, 1988 benefit in South Florida. See Nunes & Laslier, Liz's AIDS Plea Brings $1.5 Million, Ft. Lauderdale News/Sun-Sentinel, Mar. 14, 1988, at 1A, col. 2, and Ross, Big Guns Draw Lines in War Against AIDS, Ft. Lauderdale News/Sun-Sentinel, Jan. 3, 1988, at SE, col. 1 (previewing the benefit). Some local Florida AIDS groups have complained, however, that Ms. Taylor's South Florida benefit will make it more difficult for them to raise funds. See Nevins, Benefit Sparks Battle: AIDS Groups Fear Reduced Donations, Ft. Lauderdale News/Sun-Sentinel, Jan. 10, 1988, at 68, col. 1.

Unlike Rock Hudson, most celebrities dying from AIDS have lied about their condition to protect their posthumous public images: musical showman Liberace claimed to be suffering from dietary problems; choreographer Michael Bennett blamed his health problems on heart disease; lawyer Roy Cohn announced that he had liver can-
Following its emergence in Africa, AIDS spread north, to France, and west, to Haiti. Because France had retained close ties to Africa following the emancipation of its African colonies after World War II, many African citizens, especially those from the Congo, Gabon, Mali, and Rwanda, visited France throughout the 1970s. It was through these visits that France became the AIDS capital of Europe.

AIDS followed a similar route into Haiti. In the early 1970s, Zaire, formerly a Belgian colony, invited large numbers of Haitians to emigrate. As French-speaking blacks, the better-educated Haitians were needed by Zaire to take the role of the Belgian colonial administrators who were expelled following independence. Later, when these emigres returned to Haiti, AIDS found a convenient route to Haiti. According to some medical authorities, Haiti provided AIDS with a particularly hospitable environment because of the widespread Haitian belief in voodoo. As practiced in Haiti, voodoo sometimes includes the use of human blood or remains in sacrificial worship. As is now known, the AIDS virus can be transmitted through human blood.

Recently, many African leaders have rejected publicly the idea that AIDS is of African origin. These leaders charge that AIDS began in the United States and later migrated to Africa. They also claim that the United States is using Africa as a scapegoat for the AIDS crisis, that AIDS has become a stalking horse for anti-black racism, and that Western governments are attempting to smear Africa while giving it an inferiority complex.


35. See Simms, supra note 4, at 392-93.
38. See Update: Acquired Immunodeficiency Syndrome - United States, 35 MORTALITY & MOR A.TALITY WEEKLY REP. 17, 19 (Jan. 17, 1986). The AIDS virus has also been isolated in semen, vaginal fluids, breast milk, saliva, and tears. Id.
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See Brooke, supra note 27. See also Altman, Linking AIDS to Africa Providers Bitter Debate, N.Y. TIMES, Nov. 21, 1985, at 1, col. 1. For an update of discussion of the counter-theory, see J. Langone, AIDS: The New Reality (1988). Langone's book also provides extensive information about the spread of AIDS in Africa, Haiti and...
This counter-interpretation of the origins of AIDS has become part of the battle between the United States and the Soviet Union to win influence in Africa. Seeking to discredit the United States while playing on African sensitivities, the Soviet Union began an AIDS disinformation campaign in Africa in 1986. The campaign alleges that AIDS was introduced into Africa by a United States germ warfare research program. During a 1986 visit to Port Mombassa, Kenya, by the United States Navy, Radio Moscow warned Kenyans to avoid AIDS-infected sailors. Although Izvestia, the Soviet government newspaper, recently retracted such charges, 48 the notion that AIDS is an American disease which has spread to Africa has taken hold in at least eleven sub-Saharan countries, including Cameroon, Guinea, the Ivory Coast, Nigeria, Senegal, and Zimbabwe. 41

As part of their rhetoric, black and white African leaders alike have steadfastly denied that AIDS is a serious health problem in Africa, 49 despite overwhelming evidence to the con-

the United States. Id. at 38-147.


41. See Brooke, supra note 27. Similar reports also have appeared in some parts of Latin America, such as Mexico and Peru. See Soviet Dissolves Charges, supra note 40.

42. One commentator has written that, "There is a reluctance on the part of African governments to accept that there is a problem, but in Central African countries, as far as we can gather, from glimpses of what is going on in major African cities, it looks like a holocaust situation." See Jeffries, AIDS - The New Black Death?, 54 Medico-Legal J. 158, 166 (1986). Dr. Jeffries also has noted that many African countries have refused to "disclose the prevalence of infection and prevalence of disease," thereby forcing Western health officials to "guess at what is going on there." Id. at 174. The unwillingness of African nations to reveal AIDS data to Westerners can be seen in an African AIDS-control plan adopted by delegates representing 41 countries in 1985. Under the plan, member states are encouraged to undertake initial assessment of the AIDS situation in their countries, strengthen their health system infrastructures to be able to support AIDS programs, conduct education programs among local populations, and exchange information on AIDS with one another. No participation by Western medical authorities is contemplated by any part of the plan. See 61 Weekly Epidemic Rec. 93 (1986). Recently, the WHO begged African nations to conduct wide-

spread testing and reporting in order to develop a clearer picture of the disease. See Altman, AIDS' Global Peril Is High on Agenda at Summit Meeting, N.Y. Times, May 31, 1987, § 1, at 1, col. 3.

43. See, e.g., Brooke, New Surge of AIDS in Congo May Be an Omen for Af-

44. See WHO Board Reviews "Health for All by Year 2000" Strategy, UN Chron., Apr. 1986, at 88.

45. See Rule, Frank Talks on AIDS Brings Praise for Uganda, N.Y. Times, Nov. 1, 1987, at 8, col. 4 (nati ed.). Uganda has reported that large parts of its population are infected with AIDS because of the country's geographical proximity to Burundi, Rwanda, Zaire and Tanzania, the nations most affected by the disease. Known as Slim in Uganda, it has been estimated that the AIDS virus is present in 1 out of every 3 soldiers in the Ugandan army, 80% of all barmadins in one city, and 16,000 persons in the capital city of Kampala. See In the Heart of the Plague, Economist, Mar. 21, 1987, at 45. See also Saxinger, Levine, Dean, De The, Lange-Wantzin, Moghiss, Laurent, Huh, Sangadharan & Gallo, Evidence of Exposure to HTLV-III in Uganda Before 1973, 227 Science 1036 (1985).
This counter-interpretation of the origins of AIDS has become part of the battle between the United States and the Soviet Union to win influence in Africa. Seeking to discredit the United States while playing on African sensitivities, the Soviet Union began an AIDS disinformation campaign in Africa in 1986. The campaign alleges that AIDS was introduced into Africa by a United States germ warfare research program. During a 1986 visit to Port Mombassa, Kenya, by the United States Navy, Radio Moscow warned Kenyans to avoid AIDS-infected soldiers. Although Izvestia, the Soviet government newspaper, recently retracted such charges, the notion that AIDS is an American disease which has spread to Africa has taken hold in at least eleven sub-Saharan countries, including Cameroon, Guinea, the Ivory Coast, Nigeria, Senegal, and Zimbabwe.

As part of their rhetoric, black and white African leaders alike have steadfastly denied that AIDS is a serious health problem in Africa, despite overwhelming evidence to the contrary. To date, the only exception has been the government of Uganda, which openly has admitted that AIDS is rampant and actively has sought Western help in designing and implementing a national campaign against AIDS. The center-piece of the Ugandan campaign is a safe-sex education program. Other components of the plan include the establishment of uncontaminated blood banks, AIDS research, and the restoration of the national Virus Institute. Conducted in conjunction with the WHO, which has supported such domestic programs since January 1986, Uganda already has received pledges of $16 million from Western nations. While many WHO officials hope that Uganda's efforts will become a blueprint for other African national programs, it is widely recognized that a critical difference between Uganda and some other African countries is the fact that Uganda does not rely on tourism as a source of income. In those nations, such as Kenya, which depend on tourism to bolster their economies, open discussion of AIDS has been curtailed out of fear that such talk will drive spread testing and reporting in order to develop a clearer picture of the disease. See Altmann, AIDS' Global Peril Is High on Agenda at Summit Meeting, N.Y. Times, May 31, 1987, § 1, at 1, col. 3.

42. One commentator has written that, "There is a reluctance on the part of African governments to accept that they have a problem, but in Central African countries, as far as we can gather, from glimpses of what is going on in major African cities, it looks like a holocaust situation." See Jeffries, AIDS - The New Black Death?, 54 MEDICO-LEGAL J. 158, 166 (1986). Dr. Jeffries also has noted that many African countries have refused to "disclose the prevalence of infection and prevalence of disease," thereby forcing Western health officials to "guess at what is going on there," at 174. The unwillingness of African nations to reveal AIDS data to Westerners can be seen in an African AIDS-control plan adopted by delegates representing 41 countries in 1985. Under the plan, member states are encouraged to undertake initial assessment of the AIDS situation in their countries, strengthen their health system infrastructures to be able to support AIDS programs, conduct education programs among local populations, and exchange information on AIDS with one another. No participation by Western medical authorities is contemplated by any part of the plan. See 61 WEEKLY EPODEM Rec. 93 (1986). Recently, the WHO begged African nations to conduct wide-
away tourists.  

Whether AIDS originated in Africa or in the United States, one fact is not in dispute. Nowhere have more cases of AIDS been reported than in the United States. By December 1987, 48,139 Americans had been diagnosed as having AIDS, while 27,235 Americans already had died from the disease.  

In addition, approximately 1.5 million other Americans are believed to be harboring the AIDS virus.  

Unlike Africa, where AIDS has affected at least as many women as men, and has been transmitted primarily through heterosexual rather than homosexual liaisons, AIDS in the United States primarily has affected homosexuals, drug abusers, and hemophiliacs.  

See Rule, supra note 45, and Politics Blocks Study, Prevention of AIDS in Africa, Am. Med. News, Jan. 10, 1986, at 3, col. 1. See also supra note 39. The fear of losing tourism is well-founded. Following reports of the high incidence of AIDS among Haitian-Americans, for example, tourism in Haiti fell by 20%. See Viera, The Haitian Link, in UNDERSTANDING AIDS A COMPREHENSIVE GUIDE 90, 98 (V. Gang ed. 1985). In Thailand, the world famous beach resort of Pattaya reported a sharp drop in tourism following the release of studies showing that many Thais are infected with the AIDS virus. See So Much More Than a Paddy Field, ECONOMIST, Oct. 31, 1987, at 8. See also infra notes 72-74. At least one Asian medical researcher has suggested that many Asian countries, concerned about the effect that AIDS will have on tourism, have chosen to underreport the disease. See infra note 71. In the United States, cities that depend on tourism and have high reported rates of AIDS also have expressed concern that their economies will be hurt by disclosures. By Gay Tourists in Key West Given Warnings about High AIDS Risk, Ft. Lauderdale News/Sun-Sentinel, Nov. 28, 1987, at 19A, col. 4. See also infra notes 148-55. 

See Hospital Treating AIDS Closes Doors: Nation's First Private Center for Immune Disease Says that It Lost $5 Million, N.Y. Times, Dec. 13, 1987, § 1, at 20, col. 6 (nati ed.).  


49. See Heterosexual Promiscuity Among African Patients with AIDS, 313 NEW ENG. J. MED. 382 (1985), and Jeffries, supra note 42, at 166. See also supra note 26. At one time, many medical experts argued that the high incidence of AIDS in Africa was due to the widespread use of anal intercourse as a means of birth control. Now it is believed, however, that anal intercourse is not a major factor in sexual activity in Africa. See Jeffries, supra note 42, at 174. But see Gould, Reassuring News About AIDS: A Doctor Tells You Why You May Not Be At Risk, COSMOPOLITAN, Jan. 1988, at 146, 147. As in Africa, AIDS also appears to have spread in Haiti primarily through heterosexual means. See Altman, Study Says AIDS in Haiti Spreads Mainly by Heterosexual Activity, N.Y. Times, June 29, 1986, § 1, at 1, col. 5. 

50. See Mueller, The Epidemiology of the Human Immuno-deficiency Virus Infection, 14 LAW, MED. & HEALTHCARE 250 (1986). See also infra notes 53-58 and 101-02 and accompanying text. Until recently, lesbians in the United States and close to many gay men have contracted AIDS, the disease originally 

where have felt themselves to be immune from AIDS, and every documented case of AIDS among lesbians had been found to have involved intravenous drug use or sex with gay or bisexual men. However, in July 1917, a Philippine lesbian dancer who claimed to have had sex with women of many nationalities — but no men — tested positive for AIDS. See Lesbian Activists Advocate Measures to Thwart AIDS, Ft. Lauderdale News/Sun-Sentinel, Dec. 29, 1987, at 3A, col. 4. 

51. See, e.g., Ginzburg, Intravenous Drug Abusers and HIV Infections: A Consequence of their Actions, 14 LAW, MED. & HEALTH CARE 268 (1986), and Prevalence of HTLV-3 Infection Among New Haven, Connecticut, Parenteral Drug Abusers in 1982-1983, 314 NEW ENG. J. MED. 117 (1986). Drug abusers are at high risk because they often share needles with fellow addicts, thereby facilitating an exchange of blood. See Black, Dolan, DeFord, Rubenstein, Penk, Robinowitz & Skinner, Sharing of Needles Among Users of Intravenous Drugs, 314 NEW ENG. J. MED. 446 (1986). As noted earlier, blood is a highly efficient means of transmitting the AIDS virus. See supra note 38 and accompanying text. Similarly, the sharing of tattooing needles has become a particularly important source of AIDS transmission in American prisons. See Gubrenzer, Prisoners Confront Dilemma of Inmates with AIDS, 255 J. A.M.A. 2399 (1986). In Africa, the lack of sufficient supplies of syringes, combined with the practice of inhalation, has contributed to the region's AIDS crisis. See Jeffries, supra note 42, at 175. See also Transfusions Called No. 2 AIDS Source in Central Africa, Ft. Lauderdale News/Sun-Sentinel, Jan. 22, 1988, at 14A, col. 5. A ready supply of clean needles has allowed these problems to be avoided in Japan. See infra note 71. In France, the Ministry of Health has authorized the selling of syringes without the purchaser having to obtain a prescription or reveal his identity. Although some observers have contended that the French government is encouraging drug abuse by this action, Health Minister Michele Barzach has defended the decision as a necessary part of the battle against the spread of AIDS. See Iglehart, supra note 43, at 142. In Italy, 62% of all AIDS victims are heroin addicts who contracted AIDS through the sharing of needles. See Suro, Italy's Heroin Addicts Face New Challenge: AIDS, N.Y. Times, Dec. 28, 1987, at 10, col. 1 (nati ed.). Although a number of European countries have instituted free-needle programs, studies to date suggest that easy access to clean needles has not slowed the spread of AIDS among intravenous drug users.  

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46. See Rule, supra note 45, and Politics Blocks Study, Prevention of AIDS is Africa, Am. Med. News, Jan. 10, 1986, at 3, col. 1. See also supra note 39. The fear of losing tourism is well-founded. Following reports of the high incidence of AIDS among Haitian-Americans, for example, tourism in Haiti fell by 20%. See Viera, The Haitian Link, in UNDERSTANDING AIDS A COMPREHENSIVE GUIDE 98 (N. Gong ed. 1985). In Thailand, the world famous beach resort of Pattaya reported a sharp drop in tourism following the release of studies showing that many Thais are infected with the AIDS virus. See So Much More than a Paddy Field, ECONOMIST, Oct. 31, 1987, at 58. See also infra notes 72-74. At least one Asian medical researcher has suggested that many Asian countries, concerned about the effect that AIDS will have on tourism, have chosen to underreport the disease. See infra note 71. In the United States, cities that depend on tourism and have high reported rates of AIDS also have expressed concern that their economies will be hurt by disclosures. See Gay Tourists in Key West Given Warnings about High AIDS Risk, Ft. Lauderdale News/Sun-Sentinel, Nov. 28, 1987, at 19A, col. 4. See also infra notes 148-55.

47. See Hospital Treating AIDS Closes Doors: Nation's First Private Center for Immune Disease Says That It Lost $8 Million, N.Y. Times, Dec. 13, 1987, §1, at 20, col. 6 (nat'l ed.).


49. See Heterosexual Promiscuity Among African Patients with AIDS, 311 NEW ENG. J. MED. 82 (1985), and Jeffries, supra note 42, at 166. See also supra note 26. At one time, many medical experts argued that the high incidence of AIDS in Africa was due to the widespread use of anal intercourse as a means of birth control. In fact, it now is believed, however, that anal intercourse is not a major factor in sexual activity in Africa. See Jeffries, supra note 42, at 174. But see Gould, Reassuring News About AIDS: A Doctor Tells You Why You May Not Be At Risk, COSMOPOLITAN, Jan. 1988, at 146, 147. As in Africa, AIDS also appears to have spread in Haiti primarily through heterosexual means. See Altman, Study Says AIDS in Haiti Spreads Mainly by Heterosexual Activity, N.Y. Times, June 29, 1986, §1, at 1, col. 5.

50. See Mueller, The Epidemiology of the Human Immuno-deficiency Virus Infection, 14 LAW, MED. & HEALTH CARE 250 (1986). See also infra notes 53-58 and 101-02 and accompanying text. Until recently, lesbians in the United States and e-

51. See, e.g., Ginzburg, Intravenous Drug Abusers and HIV Infections: A Consequence of their Actions, 14 LAW, MED. & HEALTH CARE 268 (1986), and Prevalence of HIV-III Infection Among New Haven, Connecticut, Parenteral Drug Abusers in 1983-1984, 314 NEW ENG. J. MED. 117 (1986). Drug abusers are at high risk because they often share needles with fellow addicts, thereby facilitating an exchange of blood. See Black, Dolan, DeFord, Rubenstein, Penk, Robinowitz & Skinner, Sharing of Needles Among Users of Intravenous Drugs, 314 NEW ENG. J. MED. 446 (1986). As soon after, blood is a highly efficient means of transmitting the AIDS virus. See supra note 38 and accompanying text. Similarly, the sharing of tattooing needles has become a particularly important source of AIDS transmission in American prisons. See Gladbrenner, Prisons Confront Dilemma of Inmates with AIDS, 225 J. A.M.A. 2399 (1986). In Africa, the lack of sufficient supplies of syringes, combined with the practice of injecting, has contributed to the region's AIDS crisis. See Jeffries, supra note 42, at 175. See also Transfusions Called No. 2 AIDS Source in Central Africa, Ft. Lauderdale News/Sun-Sentinel, Jan. 22, 1988, at 14A, col. 5. A ready supply of clean needles has allowed these problems to be avoided in Japan. See infra note 77. In France, the Ministry of Health has authorized the selling of syringes without the purchaser having to obtain a prescription or reveal his identity. Although some observers have contended that the French government is encouraging drug abuse by this action, Health Minister Michele Barzach has defended the decision as a necessary part of the battle against the spread of AIDS. See Iglehart, supra note 43, at 142. In Italy, 62% of all AIDS victims are heroin addicts who contracted AIDS through the sharing of needles. See Suro, Italy's Heroin Addicts Face New Challenge: AIDS, N.Y. Times, Dec. 28, 1987, at 10, col. 1 (nat'l ed.). Although a number of European countries have instituted free-needle programs, studies to date suggest that easy access to clean needles has not slowed the spread of AIDS in Europe. See Sullivan, New York State to Take 2d Look at Proposal to Give Addicts Needles, N.Y. Times, Dec. 1, 1987, at B4, col. 3 (nat'l ed.). But see Lohr, Louisville Journal: There's No Preaching, Just the Clean Needles, N.Y. Times, Feb. 29, 1988, at 4, col. 1 (nat'l ed.) (reporting that an English clinic known as the Hope Street clinic has enjoyed significant success with its free needle program). Nevertheless, in December 1987, President Reagan's advisory committee on AIDS, officially known as the Presidential Commission on Human Immunodeficiency Virus Epidemic and headed by Admiral James D. Watkins, announced that it would study the benefits of providing free needles to American intravenous drug users. See Pro & Con: Free Needles for Addicts, To Help Curb AIDS?, N.Y. Times, Dec. 20, 1987, §1, at 20, col. 1 (nat'l ed.). A short time later, New York City instituted an experimental program under which addicts are given free needles and syringes. See Gorman, The Lesser of Two Evils: New York Tries to Curb AIDS by Supplying Addicts with Needles, TIME, Feb. 15, 1988, at 81, and Schmalz, Addicts to Get
was referred to in the United States as the "gay pneumonia" and later


In addition to the debate over free needles, a second debate has arisen over the use of condoms, which are thought to provide some protection against AIDS. In France, Minister Barrazch recently lifted the country's longstanding ban against condom advertisements on television. See Iglehart, supra note 43, at 120. In the United States, the administrative board of the National Catholic Conference released a report in December 1987 which urged that information about condoms be made available. The report immediately drew criticism from many Catholics, who argued that the suggestion violated the Church's prohibition against birth control. See Catholics, AIDS and Condoms, Times, Dec. 21, 1987, at 60, and Goldman, Tailoring Catholic Theology in a Time of Modern Plague, N.Y. Times, Dec. 20, 1987, at 1, sec. 20, col. 1 (nat'l ed.). Within days, the Conference withdrew the paper for further review. See Goldman, Bishops to Reconsider AIDS Paper that Backed Condom Education, N.Y. Times, Dec. 29, 1987, at 1, col. 2 (nat'l ed.). The Vatican has blocked the Italian government's plan to conduct a $5 million AIDS education program because the campaign might mention condoms. See America's Bishops Rule on Condoms, Newsweek, Dec. 21, 1987, at 57. For a further discussion of the Vatican's position on AIDS, see Soro, Vatican and the AIDS Fight: Amid Worry, Papal Retrenchment, N.Y. Times, Jan. 29, 1988, at 1, col. 5 (nat'l ed.).

52. See, e.g., Evans, Gomperts, McDougall & Ramsey, Medical Intelligence: Coincidental Appearance of HIV/HTLV-III Antibodies in Hemophiliacs and the Outbreak of the AIDS Epidemic, 312 NEW ENG. J. MED. 483 (1985). See generally Currant, Jaffe, Kaplan, Zilna, Chamberland, Weinein, Lui, Schonberger, Spira, Alexander, Swinger, Ammann, Solomon, Auerbach, Middvan, Stoneburner, Jason, Haverkos & Evatt, Acquired Immune Deficiency Syndrome Associated with Transfusions, 31 NEW ENG. J. MED. 69 (1985). Because hemophiliacs must undergo repeated blood transfusions if they are to live, many hemophiliacs have become infected by tainted blood. The problem has been particularly acute in Saudi Arabia. See, e.g., Gelgi, AIDS and the Donation of Blood in Saudi Arabia, 255 J. A.M.A. 2841 (1986), and Harfi & Fakhry, Acquired Immunodeficiency Syndrome in Saudi Arabia, 255 J. A.M.A. 383 (1986). See also infra notes 77 (Japan) and 81 (China). Since April 1985, improved blood screening procedures make it possible to make blood supplies free from the AIDS virus. See infra note 130.

as the "gay plague." The connection between homosexuals and AIDS was thought to have been proved when researchers announced that AIDS probably entered North America by means of a homosexual Canadian airline steward named Gaetan Dugas. Dubbed Patient Zero by the medical profession, Dugas worked for Air Canada and lived in Toronto, Canada. Able to travel throughout the world because of his job, he frequently flew to France in the 1970s, just as that country was being overrun by AIDS-infected tourists from Africa. Dugas, who is thought to have had at least 2,500 sexual partners in his lifetime, contracted AIDS prior to 1980 and died of the disease on March 30, 1984.

Recently, however, the view that Dugas introduced AIDS into North America has been challenged by revelations that AIDS may have been present in New York City as early as 1959, when a 49-year-old Haitian-born shipping clerk died of AIDS. Because the AIDS virus had not been identified yet, the man was thought to have died of Pneumocystis carinii pneumonia (PCP). AIDS researchers now consider PCP to be a telltale sign of AIDS. It also has been reported that a 16-year-old black teenager known as Robert R. died of AIDS in St. Louis in 1969 and that a woman in Louisiana died of AIDS in 1975.

53. See Olhendorf, Breakthrough Against a Modern Plague, MACLEAN'S, Feb. 4, 1985, at 47. See also Shilts, supra note 4, at 72 and 352.

54. The story of Gaetan Dugas is told in detail at various points in Shilts, supra note 4. See also Steward Said to Have Played Key Role in Spread of AIDS, N.Y. Times, Oct. 7, 1987, at 11, col. 4 (nat'l ed.).

55. See Shilts, supra note 4, at 439.

56. See supra notes 31-33 and accompanying text.

57. See Shilts, supra note 4, at 83. Of the first 248 gay men diagnosed as having AIDS in the United States, at least 40 of them either had sex with Dugas or with someone who had sex with Dugas. Id. at 147. Long after he was diagnosed as having AIDS, however, Dugas continued to have sex with strangers, insisting that it was his right to engage in sex without telling his partners of his condition. Id. at 251-52. For a recent case in West Germany based on similar facts, see infra notes 137-38 and accompanying text.

58. See Shilts, supra note 4, at 439.


61. See Clark, A New Clue in the AIDS Mystery: Evidence that the Disease was Here in the '60s, NEWSWEEK, Nov. 9, 1987, at 62; Gorman, Strange Trip Back to the Future: The Case of Robert R. Spars New Questions about AIDS, TIME, Nov. 9, 1987, at 83; and Selik, Haverkos & Curran, Acquired Immune Deficiency Syndrome

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Needles in Plan to Curb AIDS, N.Y. Times, Jan. 31, 1988, at 1, col. 1 (nat'1 ed.). The program was established after a private drug group vowed to defy state law by distrib-
would give away free clean needles, the District of Columbia announced that while it
would not give away new needles, it would give away vials of bleach so that addicts
could clean their existing needles. See District of Columbia Will Provide Bleach for Addict Needle, N.Y. Times, Feb. 3, 1988, at 9, col. 6 (nat’1 ed.).

In addition to the debate over free needles, a second debate has arisen over the use of condoms, which are thought to provide some protection against AIDS. In France, Minister Barzach recently lifted the country’s longstanding ban against condom adver-
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Vatican and the AIDS Fight: Amid Worry, Papal Retrench, N.Y. Times, Jan. 29,
1988, at 1, col. 5 (nat’1 ed.).

52. See, e.g., Evarts, Gomperts, McDougall & Ramsey, Medical Intelligence: Co-
incident Appearance of LAV/HTLV-III Antibodies in Hemophiliacs and the Outc
ome of the AIDS Epidemic, 312 NEW ENGL J. MED. 483 (1985). See generally Curr
an, Jaffe, Kaplan, Zyla, Chamberland, Weinstein, Lui, Schonberger, Spira, Alexander,
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Evarts, Acquired Immune Deficiency Syndrome Associated with Transfusion,
310 NEW ENGL J. MED. 69 (1984). Because hemophiliacs must undergo repeated blood
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blood. The problem has been particularly acute in Saudi Arabia. See, e.g., Gepp, AIDS
and the Donation of Blood in Saudi Arabia, 255 J. A.M.A. 2441 (1986), and Harfi &
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(1986). See also infra notes 79 (Japan) and 81 (China). Since April 1983, impervious
blood screening procedures make it possible to make blood supplies free from the AIDS
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panying text.
58. See Shilts, supra note 4, at 439.
59. See Williams, Streton & Leonard, AIDS in 1959?, LANCAST, NOV. 12, 1983,
at 136.
60. See Mayer, The Clinical Challenges of AIDS and HIV Infection, 14 LAW,
61. See Clark, A New Clue in the AIDS Mystery: Evidence that the Disease was
Here in the ‘60s, NEWSWEAR, NOV. 9, 1987, at 62; Gorman, Strange Trip Back to the
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Regardless of how AIDS began, it soon spread like wildfire. In November 1983, just two years after it first had been recognized as a new disease, thirty-three nations on five continents had reported AIDS cases. There were 2,803 cases in the United States and 267 cases in Europe. There were also 202 cases in Haiti, 50 in Canada, and 6 in Israel, 4 in Australia, and 2 in Japan. By September 1985, 21 countries had reported 1,573 AIDS cases to the WHO. As of December 31, 1985, there were 17,815 reported cases of AIDS in the Americas, 2,006 cases in Europe, 203 cases in Australia, and 11 cases in Japan. In addition, seven African countries had reported AIDS cases. During 1986, the WHO estimated that 100,000 people had contracted AIDS worldwide, 1 million people had AIDS-related disorders, and up to 10 million people were infected with the AIDS virus. By March 1987, 45,747 AIDS cases had been reported to the WHO from 102 countries. Just eight months later, on November 25, 1987, 68,217 AIDS cases had been reported by a total of 128 countries.

One region so far virtually untouched by AIDS is Asia. According to the WHO, only 208 cases of AIDS have been reported in 18 Asian countries, with one-fourth located in the Philippines. This had led some observers to conclude that persons of Asian descent may be immune to the disease. But at the recently concluded First International Conference on AIDS in Asia, held in Manila, Dr. John Dwyer, an internationally recognized authority on AIDS, argued that Asians do not have any special immunity against AIDS. Dr. Dwyer predicted that AIDS will reach Asia within five years, will follow the same heterosexual pattern that it has followed in Africa, and will constitute an unprecedented epidemic. Other medical experts at the congress agreed with Dr. Dwyer.

Particular concern has been expressed in Thailand. Widely recognized as the sex capital of Asia, it earned during the Vietnam War by entertaining American troops and later kept by servicing Japanese male tourists, Thailand already has recorded 6 AIDS deaths. In addition, 97 Thais have tested positive for AIDS, 25 others have shown signs of AIDS, and nearly one million Thais are thought to be at high risk of developing AIDS. Many of those at risk are prostitutes.

Sydney, Australia. Price Henry Hospital is considered to be Australia's foremost AIDS detection and treatment facility.


See Bangkok Awakens, supra note 72. The extent to which prostitutes have contributed to the spread of AIDS throughout the world is uncertain. In Africa, where AIDS is a heterosexual disease, see supra note 49, it is believed that prostitutes have been a significant means of transmission for some time. See Jeffries, supra note 42, at 174. As noted by Dr. Jeffries, there are extensive brothel systems and call girl networks in most major African cities. In the limited testing which has been done in Africa to date, a significant number of prostitutes have been found to have been exposed to the AIDS virus: 12.16% in the Central African Republic; 31.66% in Kenya; 32% in rural Tanzania; and 27% in Zaire. One study, however, has suggested that the true number of infected central African prostitutes may be as high as 88%. See Quinn, Mann, Currans & Plot, AIDS in Africa: An Epidemiologic Paradox, 234 Sci. 955 (1986). A second study, done in Rwanda, found that 82% of all prostitutes tested showed signs of having AIDS. See Van De Perre, Carael, Robert-Guroff, Freyns, etc.
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69. See Mydans, AIDS Won’t Spare Asia, Parley Told, N.Y. Times, Nov. 25, 1987, at 11, col. 2 (nat’l ed.).

70. Id.

71. One such expert was Dr. Ofelia T. Monzon, the chairman of the congress and the head of the Research Institute for Tropical Medicine in Manila. She told delegates that the current low rate of AIDS in Asia is due to a combination of factors, including the late introduction of the disease into the region, inadequate surveillance, and conscious underreporting by nations which fear a loss of tourism. See Fineman, Asia Warned of AIDS Crisis Within 5 Years, L.A. Times, Nov. 25, 1987, at 1, col. 3 (home ed.).


73. Id. Thai citizens and tourists are not the only ones worried about contracting AIDS. Nearly fifty prisoners held in the Bang Khen prison in Bangkok, many of them convicted American drug smugglers, have complained that conditions at Bang Khen are likely to spread the disease. See Crosette, Immates Assail That Prison on AIDS, N.Y. Times, Feb. 5, 1988, at 12, col. 4 (nat’l ed.).

74. See Bangkok Awakens, supra note 72. The extent to which prostitutes have contributed to the spread of AIDS throughout the world is uncertain. In Africa, where AIDS is a heterosexual disease, see supra note 49, it is believed that prostitutes have been a significant means of transmission for some time. See Jeffries, supra note 42, at 174. As noted by Dr. Jeffries, there are extensive brothel systems and call girl networks in most major African cities. In the limited testing which has been done in Africa to date, a significant number of prostitutes have been found to have been exposed to the AIDS virus: 12-16% in the Central African Republic; 31-66% in Kenya; 32% in rural Tanzania; and 27% in Zaire. One study, however, has suggested that the true number of infected central African prostitutes may be as high as 88%. See Quinn, Mann, Curran & Plot, AIDS in Africa: An Epidemiologic Paradox, 234 Sci. 955 (1986). A second study, done in Rwanda, found that 82% of all prostitutes tested showed signs of having AIDS. See Van De Perre, Carael, Robert-Guroff, Freyens,
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Like so many other socialist countries, the People's Republic of China has denied that AIDS is a problem. Recently, however, Zeng Yi, a noted Chinese virologist, stated that there have been some cases of AIDS in China among hemophiliacs due to infected blood. Professor Zeng also has reported that some foreigners in China have AIDS.

In order to combat the spread of AIDS in China, Professor Zeng has urged the Chinese government to ban the importation of blood and do not share needles. Id. at 9. As for homosexuals, only 2.7% of the gay men tested in Japan have shown infection by AIDS. Id. Of course, at one time only 3% of the gay men in San Francisco were infected; today, the figure is thought to be over 50%. Id. at 10. See also Wittman, An Upstart Mayor, A Shaky Future, TIME, Dec. 21, 1987, at 29 (as many as 52% of San Francisco's gay men may be infected already with the AIDS virus).

There are currently 30,000 prostitutes in Japan, and it is estimated that they engage in over 200,000 sexual contacts a day. Roberts, supra note 75, at 10.

79. Id. at 19.
80. On July 29, 1985, China, the world's most populous nation with more than 1 billion inhabitants, reported its first AIDS case. See Shilts, supra note 4, at 580. In addition to the fact that China is an otherwise closed society, what makes its announcement so remarkable is that Taiwan, the "other China," which is modelled along Western lines, did not report its first AIDS case until January 27, 1986. See 61 WEEKLY ECONOMIC RECORD 154 (1986). Unlike China, a number of socialist countries, such as Albania, Mongolia, North Korea, and Viet Nam, have chosen to report that there are no AIDS cases in their countries. See infra Appendix A. Other socialist countries, such as Afghanistan and Kampuchea, have refused to share any information about AIDS with outsiders. Most socialist countries have admitted the existence of AIDS, but have kept the number of cases reported very low: Bulgaria (3), Czechoslovakia (7), East Germany (4), and Hungary (6). Id. Undoubtedly, many socialist countries have chosen to follow the lead of the Soviet Union, which has admitted to just four cases. Id. For a discussion of AIDS in the Soviet Union, see What is the USSR Doing About AIDS? CURRENT DIGEST OF SOVIET PRESS, Apr. 8, 1987, at 9, and Scientist Allays Fears About AIDS: Claims Fewer than 10 Cases Have Been Recorded in USSR, CURRENT DIGEST OF SOVIET PRESS, Dec. 25, 1985, at 16. Some Western observers have suggested, only half in jest, that the Soviet Union will execute AIDS victims in order to prevent the spread of the disease. See Shilts, supra note 4, at 393. Only Yugoslavia, with 21 reported AIDS cases, has broken into double digits among socialist countries. See infra Appendix A. Even this is not surprising, given the maverick role Yugoslavia traditionally has played within the Soviet bloc.
82. Id.
blood products, increase the number of AIDS tests which are administered, and crack down on prostitution.\textsuperscript{88}

Another region which has so far been relatively untouched by AIDS, at least according to the number of reported cases, is South America.\textsuperscript{86} It is likely, however, that political sensitivities, coupled with strong cultural taboos against homosexuality, so far have inhibited AIDS reporting in Latin America.\textsuperscript{86} Many experts believe that AIDS will become as large a problem for South America as it has for Africa.\textsuperscript{86}

III. AIDS and the International Medical Community

It now is widely understood that a person who suffers from AIDS has been exposed to a particular type of virus that destroys the immunologic system,\textsuperscript{87} and until exposed to some other contaminant does not suffer from a specific disease.\textsuperscript{88} Initially, however, much of the international medical AIDS effort was devoted to devising a universally accepted definition of AIDS. Early agreement on a universal definition of AIDS was critical for a variety of reasons. First, a consensus would permit international researchers to gain a clearer understanding of the actual incidence of AIDS. Second, a consistently applied definition would facilitate domestic reporting of the disease. Third, global agreement on what constituted AIDS would provide a more accurate means of tracking the spread of AIDS.

Faced with the challenge of defining AIDS, the United States Centers for Disease Control (CDC),\textsuperscript{89} characterized AIDS\textsuperscript{90} as an infection caused by a virus now known as HIV, or human immuno-deficiency virus.\textsuperscript{91} Under the CDC's definition, a person who is not otherwise at risk of developing an immune deficiency syndrome is considered to have AIDS when his or her body shows evidence of exposure to HIV.\textsuperscript{90} Individuals who suffer from any disease associated with HIV, but whose condition is not serious enough to be classified as AIDS, are said to be suffering from ARC, or AIDS-related complex.\textsuperscript{92}
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83. Id. at 22. For a further discussion of AIDS in China, see Gargan, China Taking Stronger Measures to Prevent Introduction of AIDS, N.Y. Times, Dec. 22, 1987, at 1, col. 5 (nat’l ed.).

84. To date, very few cases have been reported in South America. See infra Appendix A. The lone exception is Brazil, which has reported 2,102 cases. Id. Only the United States and France have reported more cases than Brazil. Id. One of the few studies done on AIDS in South America is reported in Rodriguez, Sinangil, Foruk, Godoy, Dewhurst, Merino & Volsky, Antibodies to HTLV-III/LAV Among Aboriginal Amazonian Indians in Venezuela, Lancet, Nov. 16, 1985, at 1099.

One Latin American country which has publicly faced up to AIDS, although in a harsh way, is Cuba. After initially depicting AIDS as a product of Western decadence, the government now has expressed great concern over AIDS. As a result, a mandatory AIDS testing program for all citizens over the age of 15 was instituted in February 1988. See Cuba Launches AIDS Testing, Ft. Lauderdale News/Sun-Sentinel, Feb. 24, 1988, at 1A, col. 1. Persons found to be suffering from AIDS are required to enter a special isolation facility. Those who refuse to enter the facility voluntarily are forced into the facility by a special police unit. See Betancourt, Cuba’s Caulous War on AIDS, N.Y. Times, Feb. 11, 1988, at A35, col. 2. For a discussion of forced isolation of AIDS victims in other countries, see infra notes 135-47 and accompanying text.


86. See Ifrahart, supra note 43, at 139.

87. See infra notes 100-09 and accompanying text.

88. AIDS victims do not die from AIDS. They die from opportunistic diseases which are able to thrive because of the AIDS victim’s weakened body. The most common causes of death among AIDS victims are cancer and pneumonia. See further Mayer, supra note 60, at 282-83, and Sikkick & Rubenstein, supra note 26, at 8-9.

89. The CDC, which was founded on July 1, 1973, is comprised of several different centers. The largest center is the Center for Infectious Diseases which, through its AIDS Task Force, has acted as the coordinating body for all government AIDS research in the United States. The CDC is part of the United States Public Health Service (PHS). The PHS is part of the United States Department of Health and Human Services. See Shilts, supra note 4, at xviii.

90. It is not certain who coined the term AIDS. See Bazell, The History of an Epidemic, New Republic, Aug. 1, 1983, at 14. One commentator has written that the term was coined during a staff meeting held among the CDC, National Institutes of Health, and Food and Drug Administration in Washington, D.C., on July 27, 1982. See Shilts, supra note 4, at 171. Prior to becoming known as AIDS, the disease had been called ACIDS (Acquired Community Immune Deficiency Syndrome), CAIDS (Community Acquired Immune Deficiency Syndrome), and GRID (Gay-Related Immune Deficiency). Id. at 121, 138.

91. HIV formerly was known by a variety of different names. See infra note 109.


93. See Jason, McDouagal, Dixon, Lawrence, Kennedy, Hilgartner, Aledort & Evans, HTLV-III/LAV Antibody and Immune Status of Household Contacts and Sexual Partners of Persons With Hemophilia, 255 J. A.M.A. 212 (1986), and Redfield, supra note 74.
Shortly after the CDC settled on its definition of AIDS, the WHO embarked on its own attempt to define AIDS. After much discussion, the WHO adopted the CDC's definition of AIDS for those areas in which appropriate medical diagnostic techniques are available, such as the United States, Western Europe, Canada, and Japan. Under the WHO's diagnostic definition of AIDS, a patient is considered to be suffering from AIDS whenever his illness is characterized by certain opportunistic diseases which suggest an underlying cellular immunodeficiency and there is no other known cause of the immunodeficiency.

Recognizing that most countries, particularly those in Africa, Asia, and Latin America, lack the medical technology necessary to make a diagnostic determination, the WHO next developed a clinical case definition of AIDS. Under this definition, AIDS is considered to be present in an adult if at least two major symptoms and one minor symptom are present but there is no other known cause of immunosuppression. Major symptoms include weight loss greater than ten percent of total body weight, chronic diarrhea for more than one month, and prolonged fever for more than one month. Minor symptoms are a persistent cough for at least one month, generalized pruritic dermatitis, recurrent herpes zoster, oropharyngeal candidiasis, and chronic progressive and disseminated herpes simplex infection or generalized lymphadenopathy. The presence of either Kaposi's sarcoma or cryptococcal meningitis is grounds for an immediate diagnosis of AIDS.

Following the development of these definitions, the next challenge faced by the international medical community was discovering the cause of AIDS. Initially, AIDS was thought to be a new outbreak of Kaposi's sarcoma, a rare form of cancer which usually attacks elderly men of Italian or Jewish descent. When many of the Kaposi's sarcoma victims turned out to be gay and to have used drugs, medical experts began to focus on their personal practices. But when the cancer began appearing in individuals who were neither gay nor drug abusers, attention turned to the idea that AIDS was caused by an unidentified virus.

The virus theory was confirmed in 1983, when researchers at the Paris-based Pasteur Institute, working under the direction of Dr. Luc Montagnier, announced the discovery of LAV, or lymphadenopathy-associated virus. Later that same year, researchers at the National Cancer Institute (NCI) in Bethesda, Maryland, led by Dr. Robert Gallo, announced the discovery of HTLV-III, or human T-cell lymphotropic virus III.
Shortly after the CDC settled on its definition of AIDS, the WHO embarked on its own attempt to define AIDS.44 After much discussion, the WHO adopted the CDC’s definition of AIDS for those areas in which appropriate medical diagnostic techniques are available, such as the United States, Western Europe, Canada, and Japan. Under the WHO’s diagnostic definition of AIDS, a patient is considered to be suffering from AIDS whenever his illness is characterized by certain opportunistic diseases which suggest an underlying cellular immunodeficiency and there is no other known cause of the immunodeficiency.45

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101. See A Cluster of Kaposi’s sarcoma and Pneumocystis carinii Pneumonia among Homosexual Male Residents of Los Angeles and Orange Counties, California, 31 MORBIDITY & MORTALITY WEEKLY REP. 305 (June 18, 1982); Persistent, Generalized Lymphadenopathy among Homosexual Males, 31 MORBIDITY & MORTALITY WEEKLY REP. 249 (May 21, 1982); and Koranfoud, Stouwe, Lange, Reddy & Greco, T-Lymphocyte Subpopulations in Homosexual Men, 307 NEW ENG. J. MED. 729 (1982).
102. Until AIDS began affecting non-gay, non-addict populations, the disease failed to generate much interest or concern in the United States. See Shifts, supra note 4. Indeed, many Americans during the early days of the disease believed that AIDS was a form of divine retribution against homosexuals and drug addicts and a warning to others to change their ways. See Clossen, supra note 85, at 846-49. In regions where AIDS is primarily a heterosexual disease, such as Africa, see supra note 49, anti-gay hysteria has not developed.
103. See Barre-Sinoussi, Chermann, Rey, Nugeyre, Chamaret, Gruest, Dauguet, Rouzioux, Rozenbaum & Montagnier, Isolation of a T-Lymphotropic Retrovirus from a Patient at Risk for Acquired Immune Deficiency Syndrome (AIDS), 220 SCIENCE 868 (1983). See also Laurence & Vezinet-Brun, Lymphadenopathy-Associated Viral Antibody in AIDS, 311 NEW ENG. J. MED. 1269 (1984). Although the virus theory is now accepted throughout medical circles, Dr. Peter H. Duesberg of the University of California (Berkeley) has argued that AIDS is not caused by a virus. While Dr. Duesberg’s theory has been scoffed at by the medical community, it has gained considerable attention in the gay press. See Researcher to Dispute AIDS Link, Ft. Lauderdale News/Sun-Sentinel, Feb. 11, 1988, at 6A, col. 1; AIDS Theory Considered: Biologist Says Virus Not Syndrome’s Cause, Ft. Lauderdale News/Sun-Sentinel, Jan. 21, 1988, at 26A, col. 1; and Buffey, A Solitary Dissenter Disputes Cause of AIDS, N.Y. Times, Jan. 12, 1988, at 16, col. 5 (nat’l ed.).
104. See Broder & Gallo, A Pathogenic Retrovirus (HTLV-III) Linked to AIDS, 311 NEW ENG. J. MED. 1292 (1984).
Although HTLV-III and LAV soon were determined to be nearly identical, a bitter dispute developed between the NCI and the Pasteur Institute over which team of scientists had been the first to discover the AIDS virus. At stake was scientific prestige and the right to collect royalties from AIDS blood tests, which were expected to reach $5 million per year in the United States alone. After the Pasteur Institute brought suit against the United States government, the dispute was settled on March 31, 1987 by an executive agreement between President Reagan and French Prime Minister Chirac. Since then, Drs. Gallo and Montagnier have been recognized as the co-discoverers of AIDS, and HIV has replaced both HTLV-III and LAV as the preferred international designation.


108. See Shilts, supra note 4, at 593. As HIV was discovered at length, however, many members of the scientific community believe that Dr. Gallo stole his research from the Pasteur Institute and accordingly is not a co-discoverer.

109. The term HIV was coined by the International Committee on the Taxonomy of Viruses. See Closs, supra note 85, at 855-56. Until HIV became the universal designation for the AIDS virus, many researchers, in an attempt to steer clear of the battle between Drs. Gallo and Montagnier, referred to the AIDS virus as: AIDS-Related Virus, AIDS-Associated Virus, AIDS-Related Retrovirus, or AIDS Retrovirus. Id. at 855. HIV was not to be called HIV-1, to distinguish it from HIV-2, a new strain of AIDS virus which first was discovered in Senegal in 1986. See Scientists Admit AIDS Identification Error, N.Y. Times, Feb. 23, 1988, at 16, col. 1. Since then, HIV-2 has been identified in patients in France, West Germany, and England. See Second Virus of AIDS Spreading from Africa, N.Y. Times, June 5, 1987, at A17, col. 4. To date, the only known cases of HIV-2 in the United States have been found in Newark, New Jersey; the victim is a woman from the Cape Verde Islands of the western coast of Africa. See AIDS Speak, TIME, Feb. 8, 1988, at 56, 57; Bohley, No Screening Set for 2d AIDS Virus, N.Y. Times, Jan. 29, 1988, at 6, col. 6 (nat'l ed.).
Although HTLV-III and LAV soon were determined to be nearly identical,105 a bitter dispute developed between the NCI and the Pasteur Institute over which team of scientists had been the first to discover the AIDS virus. At stake was scientific prestige and the right to collect royalties from AIDS blood tests, which were expected to reach $5 million per year in the United States alone. After the Pasteur Institute brought suit against the United States government,106 the dispute was settled on March 31, 1987 by an executive agreement between President Reagan and French Prime Minister Chirac.107 Since then, Drs. Gallo and Montagnier have been recognized as the co-discoverers of AIDS,108 and HIV has replaced both HTLV-III and LAV as the preferred international designation.109


108. See Shilts, supra note 4, at 548-55.

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During the dispute between the Pasteur Institute and the NCI, basic research on AIDS slowed.110 But on other fronts, the medical battle against AIDS sped up. In November 1983, the WHO’s international headquarters began reviewing the existing information on AIDS.111 In 1984, regional meetings were organized in Europe and in the Americas. In April 1985, the WHO convened the first international congress on AIDS in Atlanta, Georgia.112 Following the congress, a network of twenty-six WHO collaborating centers was established.113 The first meeting of the Centers was held in Geneva in September 1985,114 and since then the centers have continued to meet on a regular basis. In June 1986, a second international congress on AIDS was held in Paris, and in June 1987, the third international AIDS congress met in Washington, D.C. A number of other international medical conferences also have been held.115 The WHO’s efforts now are collectively


110. See Judge, supra note 107, at 91.

111. See Mann, Worldwide Strategies for HIV Control: WHO’s Special Programme on AIDS, 14 LAW., MED. & HEALTH CARE 290, 290 (1986).

112. Id. The conference was held on April 15-17, 1985 and was sponsored jointly by the WHO and the United States Department of Health and Human Services. It was attended by more than 3,000 participants from more than 50 countries. The conference is discussed in Shilts, supra note 4, at 548-55.

113. See World Health Organization, The Acquired Immuno-deficiency Syndrome (AIDS): Memorandum from a WHO Meeting, 63 BULL. WORLD HEALTH ORG. 667 (1985). Five centers were located in North America, one in South America, twelve in Europe, seven in Asia/Oceania, and one in Africa. The purpose of these centers is to provide technical support and expertise in the epidemiological, laboratory and clinical aspects of HIV. See Mann, supra note 111, at 290.


115. See, e.g., World Health Organization, Second Meeting of the WHO Collaborating Centres: Memorandum from a WHO Meeting, 64 BULL. WORLD HEALTH ORG. 37 (1986). See generally Mann, supra note 111, at 290.

The most recent international medical conference on AIDS was held in London at the Queen Elizabeth II Conference Center on January 26-28, 1988. Health ministers from 114 nations and senior officials from 32 others representing 95% of the world’s population took part in the conference. The conference was cosponsored by the WHO and the British government. At the conclusion of the conference, the 650 delegates declared 1988 the “Year of Communication and Cooperation About AIDS,” and termed the disease “a global problem that poses a serious threat to humanity.” See AIDS Test Sought for U.S. College, N.Y. Times, Jan. 29, 1988, at 6, col. 1 (nati ed.).
known as the Special Programme on AIDS (SPA). The SPA is currently under the direction of Dr. Jonathan M. Mann, a respected AIDS researcher.117

Despite the work of the SPA, there is currently no cure for, or vaccination against, HIV.118 Although some drugs have been developed which appear to slow the spread of AIDS,119 many medical experts be-


117. Prior to becoming the Director of SPA, Dr. Mann was the Director of the collaborate Zairian-Belgian-American AIDS research project in Kinshasa, Zaire. See Mann, Francis, Quinn, Asila, Boseque, Nziambi, Ila, Tamfum, Ruti, Piot, McCormick & Currant, Surveillance for AIDS in a Central African City: Kinshasa, Zaire, 255 J. A.M.A. 3255 (1986). Dr. Mann is serving as the Director of the SPA while on leave from the CDC. The future of the SPA is in doubt due to the bitter battle recently waged by candidates from Brazil, Cameroon, Denmark, Japan, and Saudi Arabia for the position of director of the WHO. AIDS emerged as a key issue in the election. See Lewis, Another Bitter U.N. Race Opens for W.H.O. Director, N.Y. Times, Dec. 17, 1987, at 4, col. 5 (nat’l ed.). Currently, the WHO plans to increase its spending on AIDS from $29 million in 1987 to $90 million in 1988. Id.


119. The most widely used anti-AIDS drug is AZT, a pyrimidine, which is manufactured by the Burroughs-Wellcome company and is popularly known as AZT. The drug is currently administered to 19,000 patients in 37 countries; nearly half the patients are located outside the United States. While AZT does not prevent or cure AIDS, it does appear to slow the disease some relief to victims, although it sometimes produces severe side effects. According to some medical authorities, AZT has become overprescribed because doctors have so few alternatives for their patients with AIDS. See Kolata, Doctors Stretch Rules on AIDS Drug Somewhere Under The Radar Of AIDS, N.Y. Times, Dec. 21, 1987, at 1, col. 5 (nat’l ed.). AZT is very expensive, with a one year treatment costing as much as $16,000. See The Aids Drug, ECONOMIST, Apr. 11, 1987, at 21.

A drug which so far has shown some promise in laboratory testing is fusidic acid. See AIDS: A Drug to Watch, ECONOMIST, Oct. 31, 1987, at 78. Interest in fusidic acid jumped greatly after it was reported that it had helped a 58-year-old male patient at the University Hospital in Copenhagen. Tests on the drug are being run in both London and Copenhagen. Id. A number of other drugs are in use around the world. See The Treatments to Come, ECONOMIST, June 20, 1987, at 95. In Sweden, some AIDS patients are taking a drug known as foscarne, which is sold by Astra under the brand name Foscavir and is taken intravenously. Id. In Mexico, ICM Pharmaceuticals markets the drug ribavirin under the label Virazole. Id. Because Virazole is not approved for use in the United States by the Food and Drug Administration, many Americans have gone to Mexico to buy Virazole. Id. Medicure, a British firm, is experi-

In addition to the problems described above, AIDS patients in the United States also complain that the Food and Drug Administration is not approving new drugs and treatments as quickly as elsewhere. See McMonagle, Private Rights to Adulterated/Misbranded Articles, 2 AIDS & Pub. Pol’y J. 33 (1987), and Mathers, Implications of the Federal Drug Investigation and Approval Process for the Development and Availability of AIDS Treatments and Vaccines, 2 AIDS & Pub. Pol’y J. 50 (1987). In response, the FDA has complained about a lack of volunteers for new drug testing. See Boffey, Trial of AIDS Drug in U.S. Lags As Too Few Participants Enroll, N.Y. Times, Jan. 26, 1988, at 1 col. 1 (nat’l ed.). See also AIDS Vaccine Study Lags, N.Y. Times, Jan. 26, 1988, at 8, col. 1 (nat’l ed.). A short time earlier, however, a group of AIDS patients announced that it would forego the government’s testing program and would instead conduct its own human trials pursuant to a $400,000 contract with a private pharmaceutical company. See Group of AIDS Patients to Hold Human Trials on Effects of Drug, Ft. Lauderdale News/Sun-Sentinel, Dec. 21, 1987, at 9A, col. 3. AIDS patients have also complained that marketplace greed has caused the cost of some AIDS drugs to be much higher than necessary. See Thomas & Fox, The Cost of AZT, 2 AIDS & Pub. Pol’y J. 17 (1987). Recently, the manufacturer of AZT announced that it had dropped the wholesale price of the drug by 20%, although it denied that the price reduction was caused by the public outcry against the high cost. See Maker Reduces Wholesale Price Of AZT To Treat AIDS, N.Y. Times, Dec. 15, 1987, at 15, col. 1 (nat’l ed.). Despite this fact, 19 people were arrested during a demonstration in January 1988 in Burlington, California. The demonstration was held outside of a distribution center owned by Burroughs-Wellcome. See Protest Over AZT Price Led to the Arrest of 19 People, Feb. 9, 1988, at 47, col. 1 (nat’l ed.). In 1986, the maker of Virazole dropped its price after reports about the drug had caused a 300% price increase in Mexico. See Closen, supra note 85, at 844 n.30.

In a number of the debates over AIDS drugs and treatments is identical to the battle waged by cancer patients, who insist that they too have a right to antiretroviral drugs and antiretroviral treatments. Indeed, the trip that American AIDS patients now make to Mexico to obtain Virazole once was made by American cancer patients to procure laetrile. See Jarvis, Cancer Insurance Comes of Age: Regulation for a Matur ing Industry, 17 U. TOL. L. Rev. 1, 7 n.33 (1985). A more lamentable similarity is that, just as many cancer patients have lost millions of dollars to unscrupulous operators promoting quack cures, id., there are now reports of the same happening to AIDS patients. See Closen, supra note 85, at 844. See also Chase, The AIDS Business, Wall St. J., June 26, 1986, at 1, col. 6. One final problem with current AIDS research is that

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Despite the work of the SPA, there is currently no cure for, or vaccine against, HIV.118 Although some drugs have been developed which appear to slow the spread of AIDS,119 many medical experts boycotted the tests and treatments for AIDS drugs, then in the FDA's clinical trials.198


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immenting with a new substance called Contracan, which is a fatty-acid derivative. Id. Discoveries at Israel's Weizmann Institute have led to the marketing by Praxia Pharmaceutica of a substance known as AI-721. Id. Finally, American scientists announced recently that they had discovered a protein, CD4, which may lead to the development of a new anti-AIDS drug. See Foreman, Researchers Make Progress on AIDS, Ft. Lauderdale News/Sun-Sentinel, Jan. 1, 1988, at 24A, col. 1, and Kolata, New Technique May Create Decay to Haiti Spread of AIDS, N.Y. Times, Dec. 18, 1987, at 1, col. 5 (natt ed.).

As medical science continues to fail to find an AIDS cure, many victims insist that they have a right to take untested drugs and engage in unorthodox courses of treatment. See Krim, Making Experimental Drugs Available for AIDS Treatment, 2 AIDS & Psy. Pol'y J. 1 (1987). AIDS patients in the United States also complain that the Food and Drug Administration is not approving new drugs and treatments as quickly as is is elsewhere. See Monaghan, Private Rights to Adulterated/Misbranded Arti-
cles, 2 AIDS & Psy. Pol'y J. 33 (1987), and Mathers, Implications of the Federal Drug Investigation and Approval Process for the Development and Availability of AIDS Treatments and Vaccines, 2 AIDS & Psy. Pol'y J. 50 (1987). In response, the FDA has complained about a lack of volunteers for new drug testing. See Boleffy, Trial of AIDS Drug in U.S. Lags As Too Few Participants Enroll, N.Y. Times, Jan. 26, 1988, at 1, col. 1 (natt ed.). See also AIDS Vaccine Study Lags, N.Y. Times, Jan. 26, 1988, at 8, col. 1 (natt ed.). A short time earlier, however, a group of AIDS patients announced that it would forego the government's testing program and would instead conduct its own human trials pursuant to a $400,000 contract with a private pharmaceutical company. See Group of AIDS Patients to Hold Human Trials on Effects of Drug, Ft. Lauderdale News/Sun-Sentinel, Dec. 17, 1987, at 9A, col. 3. AIDS victims have also complained that marketplace greed has caused the cost of some AIDS drugs to be much higher than necessary. See Thomas & Fox, The Cost of AZT, 2 AIDS & Psy. Pol'y J. 17 (1987). Recently, the manufacturer of AZT announced that it had dropped the wholesale price of the drug by 20%, although it denied that the price reduction was caused by the public outcry against the high cost. See Maker Reduces Wholesale Price by 20% to Treat AIDS, N.Y. Times, Dec. 15, 1987, at 15, col. 1 (natt ed.). Despite this fact, 19 people were arrested during a demonstration in January 1988 in Burlingame, California. The demonstration was held outside of a distribution center owned by Burroughs-Wellcome. See Protest Over AZT Price Led to the Arrest of 19, N.Y. Times, Feb. 9, 1988, at 47, col. 1 (natt ed.). In 1986, the maker of Virazole dropped its drug after reports about the drug had caused a 300% price in-

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lieve that a viable antidote will not be found for years. In the meantime, the only currently available regime against AIDS is the avoidance of high risk behavior, such as sharing needles and sex in which bodily fluids are likely to be exchanged. Many countries have begun to run public education programs designed to teach their citizens about safe sex and to warn them about the danger of sharing needles. In order to promote further safe practices, the

much of it is devoted to the problems of gay AIDS patients. Many believe that the results that will be discovered will not be applicable to AIDS victims who are drug users, female, or minority members. See Kolata, AIDS Research on New Drugs Bypasses Addicts and Women, N.Y. Times, Jan. 5, 1988, at 15, col. 1 (nat’l ed.). 120. See Kolata, Recent Setbacks Stirring Doubts About Search for AIDS Vaccine, N.Y. Times, Feb. 16, 1988, at 1, col. 2 (nat’l ed.). Because of the continuing failure to find an effective AIDS drug, companies engaged in AIDS research are finding it increasingly difficult to raise the capital needed to conduct AIDS research from the private sector. After an initial burst of interest in the stocks of such companies, Wall Street investors have lost much of their enthusiasm for such companies. See AIDS Research Investments Dwindle, Ft. Lauderdale News/Sun-Sentinel, Jan. 13, 1988, at 2D, col. 1. Some medical authorities, however, are hopeful that tests currently being conducted by French researchers on human subjects in Zaire may provide important clues which will lead to the development of a vaccine. See French Military Tests AIDS Vaccine, Ft. Lauderdale News/Sun-Sentinel, Nov. 28, 1987, at 30A, col. 1, and Altman, Test on Humans Near in AIDS Vaccine Hunt, N.Y. Times, Mar. 18, 1987, at A1, col. 1. The testing of AIDS vaccines on human subjects has spawned a host of ethical questions. See Gostin, Vaccination for AIDS: Legal and Ethical Challenges from the Test Tube, to the Human Subject, through to the Market Place, 2 AIDS & PUB. POL’Y J. 9 (1987), and Macklin & Friedland, AIDS Research: The Ethics of Clinical Trials, 14 LAW, MED. & HEALTH CARE 273 (1986). See also World Health Organization, Report on Informal Discussion on AIDS Vaccine Efficacy Trials in Human Populations, 2 AIDS & PUB. POL’Y J. 62 (1987) and infra note 157. 121. See Sicklick & Rubinstein, supra note 26, at 10. 122. See, e.g., Brazil Launches AIDS Campaign, Am. Med. News, Jan. 10, 1986, at 37, col. 2 (discussing Brazil’s nationwide educational campaign to raise public awareness of the disease and the Quiet AIDS Fears, Wash. Post, Dec. 12, 1985, at A31, col. 4 (reporting on an educational lecture in Moscow which drew 1,000 listeners); and Switzerland Sets an Example, Wendy City Times, June 5, 1986, at 4, col. 4 (noting that a basic educational pamphlet on AIDS has been distributed to every household in Switzerland). For a summary of the efforts being undertaken elsewhere, see AIDS Alert: Few Mandatory Tests; How Other Nations Approach the Problem, N.Y. Times, June 7, 1987, § 4, at 1, col. 1. Although many AIDS education programs have been successful, see, e.g., Dominican AIDS Campaign is Hailed as Success, Ft. Lauderdale News/Sun-Sentinel, Feb. 12, 1988, at 16A, col. 1 (reporting on the success of an intensive, year-long AIDS education campaign in the Dominican Republic), and AIDS Education is Taking Hold, Ft. Lauderdale News/Sun-Sentinel, Jan. 28, 1988, at 14A, col. 3 (reporting on the success of AIDS education programs in Kenya, The Netherlands, and Switzerland).
lieve that a viable antitodal will not be found for years. In the meantime, the only currently available regime against AIDS is the avoidance of high risk behavior, such as sharing needles and sex in which bodily fluids are likely to be exchanged. Many countries therefore have begun to run public education programs designed to teach their citizens about safe sex and to warn them about the danger of sharing needles. In order to promote further safe practices, the much of it is devoted to the problems of gay AIDS patients. Many believe that the results that will be discovered will not be applicable to AIDS victims who are drug users, female, or minority members. See Kolata, AIDS Research on New Drugs Bypasses Addicts and Women, N.Y. Times, Jan. 5, 1988, at 15, col. 1 (nat'l ed.).

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121. See Sicklick & Rubinstein, supra note 26, at 10.

122. See, e.g., Brazil Launches AIDS Campaign, Am. Med. News, Jan. 10, 1986, at 37, col. 2 (discussing Brazil's nationwide education campaign); Soviets Try to Quiet AIDS Fears, Wash. Post, Dec. 12, 1985, at A31, col. 4 (reporting on an educational lecture in Moscow which drew 1,000 listeners); and Switzerland Sets an Example, Wendy City Times, June 5, 1986, at 4, col. 4 (noting that a basic educational pamphlet on AIDS has been distributed to every household in Switzerland). For a summary of the efforts being undertaken elsewhere, see AIDS Alert: Few Mandatory Tests; How Other Nations Approach the Problem, N.Y. Times, June 7, 1987, supra note 7, at 4, col. 1. Although many AIDS education programs have been successful, see, e.g., Dominicans AIDS Campaign is Hailed as Success, Ft. Lauderdale News/Sun-Sentinel, Feb. 12, 1988, at 16A, col. 1 (reporting on the success of an intensive, year-long AIDS education campaign in the Dominican Republic), and AIDS Education in Taking Hold, Ft. Lauderdale News/Sun-Sentinel, Jan. 28, 1988, at 14A, col. 3 (reporting on the success of AIDS education programs in Kenya, The Netherlands, and Switzerland).
dread AIDS has provoked has caused its victims to become objects of fear and loathing, in much the same way that leprosy victims once were treated. As a result, many nations have engaged in often searing debates as they have attempted to balance the rights of AIDS victims with those of the rest of society.

As the country most affected by AIDS, the United States has witnessed the most strident debates over AIDS. These debates have focused on an array of constitutional questions as AIDS victims have fought to keep their jobs, stay in school, defend their homes, and obtain appropriate medical care. Ultimately, every segment of American society has become involved in the debate.

Perhaps no part of America has felt the international aspects of the AIDS debate more keenly than the diplomatic corps. Often posted to remote locations, the American foreign service has become keenly aware of the dangers of AIDS. In an attempt to protect its officials, the United States Department of State now requires all of its employees to undergo an AIDS test. So far, more than 5,000 tests have been administered; an additional 15,000 tests are to be given. Employees who test positive for HIV but do not show active symptoms are restricted to serving in posts where the local medical community is equipped to handle AIDS. Employees who test positive and have active symptoms are not permitted to go to any overseas post. The State Department also has created emergency networks of employees willing to donate blood in nearly 100 posts where the incidence of AIDS in the local population is high.

Outside the United States, the most strident debate has taken place in West Germany with respect to the anti-AIDS laws passed in the southern state of Bavaria. After it was determined that 185 of West Germany's first 1,090 AIDS victims were residents of Bavaria, local government officials passed what many consider to be the toughest AIDS laws in the world. Among the new health regulations promulgated by the conservative Christian Social Union party is the requirement that all prostitutes, drug addicts, prison inmates, civil servants, as well as some foreigners, submit to AIDS tests.

The controversy over Bavaria's laws recently has been renewed. In November 1987, an American citizen was sentenced to two years in exposure to HIV. See Sicklick & Rubinstein, supra note 26, at 9. While they are excellent at screening blood donations, they are quite primitive as tests on humans and often report false negative or false positive results. See generally Caven, supra note 85, at 87-75. A further problem with the current tests is that researchers in Finland have discovered that it may take as long as a year for a person to develop antibodies following exposure to HIV, thereby making the tests prone to premature negative results. See Kolata, Tests for AIDS May Fail to Detect Infections for More than a Year, N.Y. Times, Oct. 3, 1987, at 1, col. 2 (nat'l ed.). Despite these facts, however, many people around the world have called for mandatory testing, especially of high-risk groups, such as prostitutes, homosexuals, and intravenous drug users. See supra note 83 (China) and infra notes 136 (West Germany), 138 (U.S. Army), and 150 (Japan) and accompanying text. Such calls have raised a howl of protests in many different quarters of society. See generally supra note 9.

131. Id.
132. Id.
133. Id.
134. Id.
136. In response to the regulations, Stern, the German weekly newsmagazine, ran on its cover a picture showing naked youths surrounded by a barbed wire fence and a sign which read, "Welcome to the AIDS-Free State of Bavaria." See Schmenn, supra note 135.
dread AIDS has provoked has caused its victims to become objects of fear and loathing, in much the same way that leprosy victims once were treated. As a result, many nations have engaged in often searing debates as they have attempted to balance the rights of AIDS victims with those of the rest of society.

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The controversy over Bavaria’s laws recently has been renewed. In November 1987, an American citizen was sentenced to two years in prison for failing to undergo an AIDS test while working outside of Germany. The test was performed in Bavaria, and the defendant refused to undergo it. The case has raised serious questions about the validity of the Bavarian AIDS laws and their application to foreigners. The case also highlights the controversy over the use of mandatory testing for HIV.

Despite these facts, many people around the world have called for mandatory testing, especially of high-risk groups such as prostitutes, homosexuals, and intravenous drug users. See Schumann, supra note 31 (China) and infra notes 134 (West Germany), 135 (U.S. Army), and 136 (Japan) for examples of such mandatory testing. The controversy over mandatory testing has been heated, and many people are concerned about the potential for misuse of the test results.

The controversy over AIDS laws and testing raises important questions about individual rights and public health. The United States has taken a more measured approach, with voluntary testing and counseling available to all who wish to be tested. However, the controversy continues, and the issue of how to balance individual rights with public health concerns remains a challenge for lawmakers and policymakers around the world.
prison for having practiced unsafe sex. A former Army cook who had retired to West Germany following his discharge from the United States Army, he admitted having sex with three men after learning that he had AIDS.

In England, the public debate over AIDS has focused on whether doctors with AIDS should be allowed to carry on their practices. Although England has only had 1,123 AIDS cases to date, the issue came to a head in November 1987 when it was reported by two local newspapers that doctors were treating patients without informing them that the physicians had AIDS. Following the publication of the stories, the British Health Department issued new guidelines. Under the revised rules, doctors expressly are permitted to continue working even if they have AIDS. In addition, they do not have to reveal their con-


138. See Schumann, supra note 137. As in the Ugandan army, see supra note 45, many fear that there may be a high incidence of AIDS in the American army. In an attempt to reduce the threat of AIDS, the United States Department of Defense in October 1985 ordered all military personnel to undergo mandatory AIDS testing, at a cost of more than $50 million. See Closen, supra note 85, at 909. The policy has since been extended to include regular re-testing. See Army Sets AIDS Test Policy, N.Y. Times, Dec. 7, 1987, at 16, col. 4 (nat'l ed.). More recently, the military has barred AIDS victims from serving in stressful or sensitive positions. See Prav, Military Put Key Jobs Off Limits to those Infected by AIDS Virus, N.Y. Times, Dec. 19, 1987, at 1, col. 3 (nat'l ed.). In many countries which are host to American military bases, government leaders have expressed private concerns about AIDS-infected soldiers spreading the disease to civilians. In the Philippines, where two large American military bases are located, 44 of the 51 Filipinos who have contracted the AIDS virus to date have lived in towns near the two installations. See Fineman, supra note 71. See also Fineman, Servicemen at Risk, Navy Doctor Says; U.S. Accused of Ignoring Filipino AIDS Problem, L.A. Times, Aug. 24, 1987, pt. 1, at 1, col. 5.

139. See infra Appendix A.


141. Id. The new regulations were supported by the British Medical Association, which, like the American Medical Association (AMA), believes that doctors with AIDS present little or no risk to their patients. Id. Despite the AMA's position, many American doctors have found themselves shunned once it is discovered that they have AIDS. The most celebrated instance to date is that of Dr. Robert John Huse, a Mesquite, Texas pediatrician who saw his 12-year-old practice collapse after his roommate, Tyrone W. Sims, began telling people that Dr. Huse had AIDS. See Applebome, Doctor in Texas With AIDS Virus Closes His Practice Amid A Furor, N.Y. Times, Oct. 1, 1987, at B8, col. 1, and Doctor in AIDS Case Finds Parents Split on Risk to Children, N.Y. Times, Sept. 17, 1987, at A24, col. 6. Dr. Huse fled suit against Mr. Sims, but the suit was settled when Mr. Sims agreed to pay Dr. Huse $10 and promised not to tell anyone else about Dr. Huse's condition. See Doctor Settles AIDS Lawsuit Against Roommate in Texas, N.Y. Times, Dec. 24, 1987, at 9, col. 3 (nat'l ed.). It is somewhat ironic that Dr. Huse's practice was based in Texas. A recent AMA policy statement directs that a doctor may not refuse to treat a patient simply because the patient has AIDS. But the Texas State Medical Association has adopted a policy that allows a doctor to decline treatment to an AIDS patient so long as another doctor is willing to assume responsibility for that patient. See Pear, What Would Hippocrates Have Said About AIDS?, N.Y. Times, Jan. 3, 1988, at E7, col. 1 (nat'l ed.). More recently, United States District Judge John A. Nordberg signed a consent decree which permits a Chicago neurologist with AIDS to engage in full medical duties at a Cook County hospital that previously had ordered him to stay away from patients. See AIDS Doctor in Return, Ft. Lauderdale News/Sun-Sentinel, Feb. 25, 1988, at 3A, col. 1.

142. See British Policy, supra note 140.

143. Id.


145. The Australian laws are much tougher than the English laws discussed supra note 144. In many ways, they resemble those enacted in Bavaria. See supra notes 135-38. For an enlightening comparison of the English and Australian regulations, see McGuire & Gee, AIDS: An Overview of the British, Australian, and American Responses, 14 HOFSTRA L. REV. 107 (1985). See also Kirby, AIDS Legislation —
prison for having practiced unsafe sex.\textsuperscript{[1]} A former Army cook who had retired to West Germany following his discharge from the United States Army, he admitted having sex with three men after learning that he had AIDS.\textsuperscript{[2]}

In England, the public debate over AIDS has focused on whether doctors with AIDS should be allowed to carry on their practices. Although England has only had 1,123 AIDS cases to date,\textsuperscript{[3]} the issue came to a head in November 1987 when it was reported by two local newspapers that doctors were treating patients without informing them that the physicians had AIDS.\textsuperscript{[4]}

Following the publication of the stories, the British Health Department issued new regulations. Under the revised rules, doctors expressly are permitted to continue working even if they have AIDS.\textsuperscript{[5]}

In addition, they do not have to reveal their condition to their patients.\textsuperscript{[6]}

The regulations do contain one exception. Doctors who are likely to come into blood-to-blood contact with their patients, such as some surgeons, must reveal the fact that they have AIDS.\textsuperscript{[7]}

In many countries, quarantine proposals have been put forward as one means of dealing with AIDS victims. Both England\textsuperscript{[8]} and Australia\textsuperscript{[9]} have already adopted such proposals. Other countries, such as


\textsuperscript{[2]} See Schmennann, supra note 137. As in the Ugandan army, see supra note 45, many fear that there may be a high incidence of AIDS in the American army. In an attempt to reduce the threat of AIDS, the United States Department of Defense in October 1985 ordered all military personnel to undergo mandatory AIDS testing, at a cost of more than $50 million. See Cloosen, supra note 85, at 909. The policy has since been extended to include regular re-testing. See Army Sets AIDS Test Policy, N.Y. Times, Dec. 7, 1987, at 16, col. 5 (nat'l ed.). More recently, the military has barred AIDS victims from serving in stressful or sensitive positions. See Pear, Military Puts Key Jobs Off Limits to Those Infected by AIDS Virus, N.Y. Times, Dec. 19, 1987, at 1, col. 3 (nat'l ed.). In many countries which are host to American military bases, government leaders have expressed private concerns about AIDS-infected soldiers spreading the disease to civilians. In the Philippines, where two large American military bases are located, 44 of the 51 Filipinos who have contracted the AIDS virus to date have lived in towns near the two installations. See Fineman, supra note 71. See also Fineman, Servicemen at Risk, Navy Doctor Says; U.S. Accused of Ignoring Philippine AIDS Problem, L.A. Times, Aug. 24, 1987, pt. 1, at 1, col. 5.

\textsuperscript{[3]} See infra Appendix A.


\textsuperscript{[5]} Id. The new regulations were supported by the British Medical Association which, like the American Medical Association (AMA), believes that doctors with AIDS present little or no risk to their patients. Id. Despite the AMA's position, many American doctors have found themselves shunned once it is discovered that they have AIDS. The most celebrated instance to date is that of Dr. Robert John Huse, a Mesquite, Texas pediatrician who saw his 12-year-old practice collapse after his roommate, Tyrone W. Sims, began telling people that Dr. Huse had AIDS. See Applebome, Doctor in Texas with AIDS Virus Closes His Practice Amid A Furor, N.Y. Times, Oct. 1, 1987, at B6, col. 1, and Doctor in AIDS Case Finds Parents Split on Risk to Children, N.Y. Times, Sept. 17, 1987, at A24, col. 6. Dr. Huse filed suit against Mr. Sims, but the suit was settled when Mr. Sims agreed to pay Dr. Huse $10 and promised not to tell anyone else about Dr. Huse's condition. See Doctor Settles AIDS Lawsuit Against Roommate in Texas, N.Y. Times, Dec. 24, 1987, at 9, col. 3 (nat'l ed.). It is somewhat ironic that Dr. Huse's practice was based in Texas. A recent AMA policy statement directs that a doctor may not refuse to treat a patient simply because the patient has AIDS. But the Texas State Medical Association has adopted a policy that allows a doctor to decline treatment to an AIDS patient so long as another doctor is willing to assume responsibility for that patient. See Pear, What Would Hippocrates Have Said About AIDS?, N.Y. Times, Jan. 3, 1988, at E7, col. 1 (nat'l ed.). More recently, United States District Judge John A. Nordberg signed a consent decree which permits a Chicago neurologist with AIDS to engage in full medical duties at a Cook County hospital that previously had ordered him to stay away from patients. See AIDS Doctor to Return, Ft. Lauderdale News/Sun-Sentinel, Feb. 25, 1988, at 3A, col. 1.

\textsuperscript{[6]} See British Policy, supra note 140.

\textsuperscript{[7]} Id.


\textsuperscript{[9]} The Australian laws are much tougher than the English laws discussed supra note 144. In many ways, they resemble those enacted in Bavaria. See supra notes 135-38. For an enlightening comparison of the English and Australian regulations, see McGuire & Gee, AIDS: An Overview of the British, Australian, and American Responses, 14 Horstmann L. Rev. 107 (1985). See also Kirby, AIDS Legislation —

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AIDS among the list of diseases which provide grounds for the exclusion of aliens. In addition to these formal practices, a number of countries have adopted unofficial policies which prevent the free movement of international travellers. When the Chinese government learned that an American citizen in Beijing had AIDS, it ordered him to leave the country. Because the Chinese government would not allow him to fly out of China on a commercial jet, the United States government was forced to fly him out on a military medical evacuation plane. Similarly, during the annual Carnival in Rio de Janeiro in 1986, Brazilian health authorities polled Carnival visitors on their sexual preferences in an attempt to determine whether the Carnival was a time when AIDS was likely to enter the country. At the time, Brazil had reported 574 AIDS cases, of which more than half already had resulted in death. While some international airlines cooperated with the government by distributing the questionnaire to their customers, others did not for fear of losing business. Perhaps the Brazilian health officials were influenced by the view of some medical authorities that AIDS may have entered the United States during the summer of 1976, when the national celebration of the bicentennial attracted large numbers of foreign visitors to New York City.

In the last half of 1987, international concern over AIDS became the subject of intergovernmental study. In June 1987, the leaders of Western Europe, Canada, Japan, and the United States held their thirtieth annual summit in Venice, Italy. Although the summit was devoted principally to economic matters, the leaders also issued a joint statement on AIDS. In addition to asking all governments to cooperate...
Sweden and the United States, still are considering the idea. Debates over the wisdom of enacting domestic AIDS quarantine laws have prompted similar debates over whether individuals should have to prove that they are AIDS-free before being allowed to engage in international travel. At a meeting held in December 1985, the WHO concluded that testing international travelers was not warranted, would retard the fight against AIDS, and would impede seriously the free movement of peoples. Nevertheless, Saudi Arabia and Liberia now require AIDS-free certificates from Americans seeking to enter those countries. Japan currently is considering similar legislation.

In the United States, the CDC has drafted a rule which would include


148. See 61 WEEKLY EPIDEM. REC. 27 (1986). See also Ighier, supra note 4, at 138.


150. See Roberts, supra note 75, at 18. In March 1987, a bill was introduced into the Japanese Diet which establishes various measures to control the entry of foreign AIDS carriers and other non-Japanese suspected of having AIDS. The bill also requires doctors to report the names and addresses of AIDS carriers to prefectural governors; authorizes the compulsory testing of suspected carriers, including prostitutes and homosexuals; and establishes controls over hemophiliacs. So far, no action has been taken on the bill; meanwhile, many groups, including the Tokyo Bar Association and Japan Civil Liberties Union, have condemned the bill. Id.
with the WHO's SPA,\textsuperscript{156} the statement also called on all nations to respect the human rights of AIDS patients.\textsuperscript{157}

Following the summit, the United Nations began its own examination of the AIDS problem. Concerned that many governments had overreacted to AIDS, while others had not yet expressed enough public concern, the United Nations acted in unprecedented fashion. Following the submission of numerous reports,\textsuperscript{158} the United Nations adopted a resolution against AIDS in October 1987.\textsuperscript{159} The resolution urges all nations to act as one in the fight against AIDS, seeks to deemphasize the increasingly political nature of AIDS by stressing the disease's medical aspects, and cautions against the excessive parochialism which so far has characterized the discussion of AIDS in many countries.

V. Conclusion

Although predictions about the future of AIDS vary widely among medical authorities, all are grim. One study has suggested that 3 million people will be infected with the AIDS virus by the early 1990's.\textsuperscript{160} A different study has concluded that the number of people exposed to the AIDS virus worldwide will reach 50 million by 1990.\textsuperscript{161} The most dire prognosis to date envisions 3 million people dying from AIDS by 1991, with another 100 million people infected with the AIDS virus.\textsuperscript{162}

In light of these predictions, there can be no doubt that AIDS is


\textsuperscript{157} See Nelson & Gerstenzang, Summit Calls for Greater AIDS Efforts; But Safer Measures Should Not Infringe on Human Rights, L.A. Times, June 11, 1987, pt. 1, at 1, col. 6 (home ed.). The leaders also endorsed France's call for the establishment of an international committee which would study the ethical issues raised by AIDS. Id.


\textsuperscript{159} The resolution is reproduced infra Appendix F. The resolution was drafted by Australia and had 32 additional sponsors, including the United States, the Soviet Union, Brazil, Britain, France, and Haiti. Part of the reason for the resolution was the desire on the part of the WHO to discourage the formation of bilateral AIDS programs among Western countries. See Steinbrook, supra note 158.

\textsuperscript{160} See Aiken, AIDS - Pushing the Limits of Scientific and Legal Thought, 27 JURIMETRICS J. 1, 2 (1986).

\textsuperscript{161} See "Sterben, bevor der Morgen graut": AIDS und die grossen Seuchen, DER SPIEGEL, Sept. 23, 1985, at 76, 85.

\textsuperscript{162} See Nelson, supra note 157.

\textsuperscript{163} Iglehart, supra note 43, at 139, quoting Dr. Jonathan Mann at the Project Hope International Conference on AIDS held on March 25-26, 1987. See also Rosenthal, AIDS Everyone's Business, Ft. Lauderdale News/Sun-Sentinel, Dec. 31, 1987, at 1JA, col. 1 (arguing that the hope that AIDS will continue to be an isolated problem is an ignorant one).
with the WHO's SPA,\textsuperscript{156} the statement also called on all nations to respect the human rights of AIDS patients.\textsuperscript{157}

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In light of these predictions, there can be no doubt that AIDS is truly an international problem. To date, however, most Americans have tended to focus only on AIDS in the United States. Yet if AIDS is to be conquered, we must develop a global view of AIDS. As has been written elsewhere, it is critical that all of us "stay broad" in our thinking about AIDS.\textsuperscript{163}
### APPENDIX A

AIDS CASES REPORTED TO THE WORLD HEALTH ORGANIZATION AS OF 25 NOVEMBER, 1987

<table>
<thead>
<tr>
<th>Country or Territory</th>
<th>Continent</th>
<th>Date of Report</th>
<th>Number of Cases</th>
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<tr>
<td>ALBANIA</td>
<td>EUROPE</td>
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<tr>
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<td>AMERICAS</td>
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<td>ASIA</td>
<td>04/14/87</td>
<td>0</td>
</tr>
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(*) = Indicates there has been an update in the "number of cases" since the report of 18 November, 1987.

https://nsuworks.nova.edu/nlr/vol12/iss3/5
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Total: 68217

(*) = Indicates there has been an update in the "number of cases" since the report of 18 November, 1987.
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### APPENDIX B

**France-United States AIDS Research**

Remarks on a Patent Rights Agreement. March 31, 1987

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An agreement has been reached between the Department of Health and Human Services and the Institut Pasteur which resolves the differences between the two over the patent rights for the AIDS antibody test kit. The two medical groups will share the patent, and each party will contribute 80 percent of the royalties received to establish and support an international AIDS research foundation. This foundation, which will also raise private funds, will sponsor AIDS-related research and will donate 25 percent of the funds that they receive to education and research of AIDS problems in less developed countries.

This agreement opens a new era in Franco-American cooperation, allowing France and the United States to join their efforts to control this terrible disease in the hopes of speeding the development of an AIDS vaccine or cure.

So, Mr. Prime Minister, Dr. Bowen and Dr. Dedonder, we thank you all, and I hope this is just one of the many cooperative efforts between our two countries in the years ahead.

*Jacques?*

*The Prime Minister.* Well, the President said what should be said. I just want to add how glad I am about this agreement to fight against this terrible disease.

We in the United States and France have very, very good and efficient scientists, and they will now work together and also create a foundation to fight against AIDS. And it's, I think, a great step to be successful in this very important battle. And I'm very glad about it, and I thank very much the Department of Health of the United States and L'Institut Pasteur de Paris for all that they have done.

*Note:* The President spoke at 11:40 a.m. in the East Room at the White House. Among those present were Secretary of Health and Human Services Otis R. Bowen and Dr. Raymond Dedonder, director of the Pasteur Institute in Paris.
AIDS CASE SUMMARY UPDATE OF 25 NOVEMBER, 1987

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APPENDIX C

APPENDIX D

Statement on AIDS, June 10, 1987

On the basis of the concern already shown in the past for health problems (London chairman's oral statement on cancer and Bonn chairman's oral statement on drugs), the Heads of State or Government and the representatives of the European Community affirm that AIDS [acquired immune deficiency syndrome] is one of the biggest potential health problems in the world. National efforts need to be intensified and made more effective by international cooperation and concerted campaigns to prevent AIDS from spreading further and will have to ensure that the measures taken are in accordance with the principles of human rights. In this connection, they agree that:

* International cooperation will not be improved by duplication of effort. Priority will have to be given to strengthening existing organizations by giving them full political support and by providing them with the necessary financial, personnel and administrative resources. The World Health Organization (WHO) is the best forum for drawing together international efforts on a worldwide level to combat AIDS, and all countries should be encouraged fully to cooperate with the WHO and support its special program of AIDS-related activities.

* In the absence of a vaccine or cure, the best hope for the combat and prevention of AIDS rests on a strategy based on educating the public about the seriousness of the AIDS epidemic, the ways the AIDS virus is transmitted and the practical steps each person can take to avoid acquiring or spreading it. Appropriate opportunities should be used for exchanging information about national education campaigns and domestic policies. The Heads of State or Government and the representatives of the European Community welcome the proposal by the U.K. government to co-sponsor, with the WHO, an international conference at ministerial level on public education about AIDS.

* Further cooperation should be promoted for basic and clinical studies on prevention, treatment and the exchange of information (as in the case of the EC program). The Heads of State or Government and the representatives of the European Community welcome and support joint action by researchers in the seven countries (as in the case of the joint program of French and American researchers, which is being enlarged, and similar programs) and all over the world for the cure of the disease, clinical testing on components of the virus and the development of a successful vaccine. The Heads of State or Government and the representatives of the European Community welcome the proposal by
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the president of the French Republic aiming at the creation of an international committee on the ethical issues raised by AIDS.

APPENDIX E

IP/42/PV.44
AGENDA ITEM 12 (continued)
REPORT OF THE ECONOMIC AND SOCIAL COUNCIL
(a) REPORT OF THE COUNCIL (chapter VI, section C) (A/42/3):
daft resolution A/42/L.7

The PRESIDENT (interpretation from Russian): I propose that
the list of speakers for the debate on this item be closed today at 5 p.m.
It was so decided.
The PRESIDENT (interpretation from Russian): I request repre-
sentatives who wish to speak to inscribe their names on the list of
speakers as soon as possible.
I call first on the Secretary-General of the United Nations.
The SECRETARY-GENERAL: It was only a few years ago that
we first began to learn of a new disease on our planet: acquired immu-
nedeiciency syndrome (AIDS). For the first several years, it was
thought that this was a very limited disease, particular only to very
specific, limited populations. It was therefore easy for many to ignore
the disease altogether.

Now we understand that the human immunodeficiency virus
(HIV) can strike virtually anywhere. And it does so with increasing
intensity. It is called by many "the plague that knows no boundaries".
It ignores not only geographic boundaries, but boundaries of culture,
social and economic position, religion, age and sex.

It is critically important that the Member States, and the world
community at large, appreciate the full dimensions of the AIDS crisis.
AIDS is a global challenge of unprecedented dimensions. It affects
and threatens all countries — north and south, east and west, rich and
poor, of whatever political and economic orientation. It raises crucial
social, humanitarian and legal issues, threatening to undermine the
fabric of tolerance and understanding upon which our societies must
function.

AIDS is one of those critical issues, like nuclear weapons, global
development, and environmental pollution, which affects the future of
all peoples in all countries. It is, in many senses, a global combat, and
it threatens us with all the consequences of war — not only of massive
death tolls and even greater numbers of disabled, but of orphans,
of mass displacements, of loss of productivity, of overwhelming and ban-
rupting demands on financial, administrative and human resources, of
fear, anger and panic, and of social instability.
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APPENDIX E

JP/c 44

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The Director-General of the World Health Organization (WHO) and his colleagues will brief the Assembly in more detail on the nature of the AIDS threat and report on the measures which WHO is taking in responding to it. Since last November, WHO has moved rapidly and purposefully to develop its Special Programme on AIDS and fill an essential central role in the international medical and health response to the spread of AIDS. WHO Secretariat initiatives in this regard were confirmed and advanced by the 1987 World Health Assembly, which adopted a global strategy for the prevention and control of AIDS. This strategy was endorsed by the Economic and Social Council at its summer session.

I am pleased that virtually all Member States have indicated their acceptance of the necessary leadership role of the World Health Organization, and that many agencies of the United Nations and the international system are already cooperating with the Special Programme in their operational activities.

The broad effects of AIDS will not be controlled and relieved by medical and health authorities alone. This challenge requires commitment far beyond that yet mobilized — internationally, in national Governments, and in communities. Certain fundamental principles are essential to this effort.

First, we must establish — and I am pleased to say that recognition of this need has rapidly grown — that AIDS is a world-wide challenge and that only, to quote WHO's slogan, a world-wide effort will stop it. As a world-wide crisis, it will not be resolved by any single national action; nor can any nation truly exclude itself from the danger. It cannot be prevented from crossing borders, and any attempt by a country to isolate itself from all others offers only a delusion of protection, and not a reality.

Second, we must establish that AIDS is not a national stigma. Early appreciation of the situation was made more difficult by the understandable reluctance of many Governments and many communities to acknowledge the dimensions of the problem in their midst. Fortunately, that reluctance is largely receding; it must be removed altogether, if we are to give our medical, scientific and educational colleagues the room and the freedom to manoeuvre so that they can do their work.

Third, the battle against AIDS-related problems must be established as a priority concern of every Government as well as of the international system. The WHO global strategy places particular emphasis on the preparation and implementation of national plans which incorporate health, social, cultural and economic components required to combat AIDS. All concerned United Nations entities must work with Governments in a complementary manner in support of national programmes.

Fourth, the urgent search for treatments and prevention — for a cure and for a vaccine — demands maximum effort and cooperation by the medical and scientific community. All engaged in this battle must set aside personal, institutional and national considerations in order rapidly to advance humanity's common cause.

Fifth, the world community must find ways to ensure that national cooperation in WHO's global strategy allows full and expedited exchange between countries of information, research results and procedures, testing protocols and experimental drugs.

Sixth, we must remind all involved in the medical and scientific effort that the objective of their work is to protect and treat all people, not just the wealthy, the privileged, and those with access to sophisticated medical services. Until the AIDS threat is resolved for all people, it is resolved for none of us.

Seventh, we must work hard to ensure that the rising tide of understandable concern and fear demanding action against AIDS does not wash aside the careful, equally urgent work that the United Nations has led in such areas as child survival, primary health care and community development. That would be especially tragic, not only because such important and dramatic progress has been made in these areas in recent years but also because the very same infrastructure and techniques which the United Nations and our colleagues have pioneered for major success in these areas are essential to the battle against AIDS.

Finally, but most importantly, we must unequivocally establish that our battle is against AIDS, and not against people. The target of our efforts must not be people with AIDS; it must not be people infected with HIV; it must not be people considered at highest risk of AIDS or infection; and it must not be the children, siblings, parents, neighbours or associates of people with AIDS or HIV or high-risk groups. Those who suffer should not be made to suffer more. Those endangered by illness should not be penalized by society.

The human rights dimensions of our response to AIDS have yet to be adequately addressed. We need to carry out a careful, well-researched study of the issue in all its complexity. Yet of one cardinal principle we can be sure: the fight against this disease, as in the fight against innumerable scourges of bygone eras, is also a fight against
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Sixth, we must remember all involved in the medical and scientific effort that the objective of their work is to protect and treat all people — not just the wealthy, the privileged, and those with access to sophisticated medical services. Until the AIDS threat is resolved for all people, it is resolved for none of us.

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Finally, but most importantly, we must unequivocally establish that our battle is against AIDS, and not against people. The target of our efforts must not be people with AIDS; it must not be people infected with HIV; it must not be people considered at highest risk of AIDS or infection; and it must not be the children, siblings, parents, neighbours or associates of people with AIDS or HIV or high-risk groups. Those who suffer should not be made to suffer more. Those endangered by illness should not be penalized by society.

The human rights dimensions of our response to AIDS have yet to be adequately addressed. We need to carry out a careful, well-researched study of the issue in all its complexity. Yet of one cardinal principle we can be sure: the fight against this disease, as in the fight against innumerable scourges of bygone eras, is also a fight against
fear, against prejudice and against irrational action born of ignorance, for those are the causes of some of the most critical violations of human rights. Let us not create new minorities and fashion new structures of discrimination. Instead we have to confront the problem with understanding and compassion, awaiting the assistance that scientific progress will bring.

Ultimately, as the leading public health authorities have reminded us, the AIDS epidemics in each country will constitute difficult and complex tests of national character. As a global crisis it will test the human character in all its variety. I am convinced that the entire United Nations system must respond to this fundamental challenge.

This week, at the meeting of the Administrative Committee on Coordination, I shall suggest that in order to complement the efforts of the World Health Organization each organization and agency of the United Nations system undertake a comprehensive examination of the implications of AIDS in its area of responsibility, in terms of both the direct action on AIDS which would be appropriate for each agency and the potential impact of AIDS on other concerns of the agency, both in an immediate time-frame and over a longer-term period.

In my view the basic elements of our mutual response should be to support the World Health Organization in its medical and health strategy to combat AIDS; to mobilize the necessary resources and machinery of the international system in order to address the broader-scale implications of this emergency; and to ensure that international actions on AIDS - and, as appropriate, national actions as well - are undertaken in harmony with existing United Nations programmes to combat disease and bring protection and assistance to vulnerable groups.

We are confronted with a truly global emergency. I believe we have the capacity, by acting rapidly and decisively and as a global community, to contain the damage and master this challenge to the health and tranquility of the world community.

We must combat fear with knowledge, panic with reason and isolation with compassion. We must affirm through solidarity that we are but one human family.

The PRESIDENT (interpretation from Russian): As members of the Assembly are aware Dr. Halfdan Mahler, the Director-General of the World Health Organization, and Dr. Jonathan Mann, the Director of the Special Programme on AIDS at the World Health Organization, have generously offered to brief the Assembly on the question of AIDS. Accordingly, I shall suspend the meeting so that the briefing may take place.
Since there is as yet no cure for AIDS, our priority now must be to contain the disease and prevent its spread. The essential strategy in containing the spread of AIDS is the establishment of effective education and information programmes at local, national and international levels, in order to provide clear information that explains exactly how the virus is transmitted. Success, even at the purely domestic level, will depend greatly on international cooperation. International travel and the movement of blood products do, after all, play a very significant part in transmitting the virus. Governments must also share their experience and resources in developing knowledge about the virus and in promoting the search for a cure and for a vaccine.

The Australian Government has energetically supported a global strategy. My Government was, for example, an active co-sponsor of the World Health Assembly's resolution on the prevention and control of AIDS earlier this year, and it supported the resolution introduced by the President at this year's second regular session of the Economic and Social Council.

These initiatives will, we hope, culminate in this General Assembly with a system-wide commitment. Australia has valued the support it has received from WHO and it is currently developing its own national strategy. Australia has also been fortunate in the attitude of its neighbours in Asia and the Pacific. Not all those countries have an AIDS problem and they might well have regarded the AIDS threat within the region as one that only a few countries had to face. They might even have allowed relations within the region to be influenced by the identification of certain States as potential sources of regional infection. My Government is very grateful that these Governments have instead recognized that AIDS presents a threat which all countries of the region must fight together.

My Government was greatly encouraged by the response of the Health Ministers from the Asian and Pacific regions to the Ministerial Meeting on AIDS that Australia had the honour to host in conjunction with WHO last July in Sydney. That meeting resulted in a firm resolve to resist, through close cooperation, the further encroachment of this disease within the region. Consistent with the commitment that these Governments have themselves given to coordinated international action, I ask that their needs be appropriately reflected in global activity. In most of the countries of the Asian and Pacific regions, preventive action can still block the incursion of AIDS, but appropriate support is urgently needed. Many of the countries in the region have limited financial and health resources and to this extent are not well equipped to withstand the virus.

Consistent with these concerns, the Australian Government will consider a contribution to the WHO Special Programme on AIDS to be directed to assisting Asian and Pacific countries in their own efforts to protect themselves. The Australian Government also stands ready to provide direct support to Asian and Pacific Governments under bilateral programmes in consultation with WHO.

That we can today debate the issue of AIDS openly in this forum is a testimony to how far we have already come in acknowledging the need to participate in a global effort against this virus.

We must at all costs avoid descending into arid speculation about international sources of infection or allow such concerns to fester. Such developments could only be at the expense of the international cooperation which is our only means of resisting the menace of AIDS. We would then suffer in two ways. Not only would resentment and recrimination replace cooperation and commitments, but the AIDS virus would continue to insinuate itself among our peoples quickly, widely and tragically.

The question is not "Where does AIDS come from?" but rather "Where is it now and where is it going?". The disease now spans every continent and is still spreading rapidly. A global commitment in this General Assembly will reaffirm that AIDS is the concern both of the afflicted and of those who strive to be spared.

Australia is pleased, therefore, to have this opportunity to introduce the text in document A/42/L.7 on the prevention and control of AIDS. We do so on behalf of the following sponsors: Austria, Bahamas, Bangladesh, Belgium, Brazil, Canada, Costa Rica, Denmark, Dominica, France, the German Democratic Republic, the Federal Republic of Germany, Haiti, Italy, Japan, Liberia, Malawi, the Netherlands, New Zealand, Papua New Guinea, the Philippines, Poland, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Spain, Sweden, Thailand, the USSR, the United Kingdom, the United States and my own country, Australia. In addition, Malaysia and Singapore have recently agreed to co-sponsor the text.

The text before us is the first global statement on the issue to be collectively considered by the world community. The large number of co-sponsors who have indicated their support for this significant draft resolution, and who are drawn from all regional groups, is clear evidence of the global concern to eradicate AIDS as soon as possible. The General Assembly is of course the ultimate forum for galvanizing the international cooperation that is so vital on this issue.
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In encouraging international cooperation, it is appropriate that the draft resolution before us reflects a measure of consensus on the tactics which need to be followed, both by international agencies and by Governments. The General Assembly should commend the way in which the virus is already being confronted, especially through the WHO Special Programme on AIDS, and should encourage Governments and international agencies alike to support a global strategy under the leadership of WHO. At the domestic level too it is important that the General Assembly emphasize the need for Governments to develop national strategies. These strategies should support the global effort but will also need to take account of the social, economic and cultural circumstances in individual States.

The draft resolution before the General Assembly makes no moral or value judgments, accuses no one, contains no barbs. It indulges in no special pleading and reflects no political alignments. It merely seeks the commitment of all Governments in the Assembly to a common cause which, with responsibility to their own populations, they cannot resist.

I believe the draft resolution should command the General Assembly's unanimous support.

Dr. KOO (United States of America): As Surgeon-General and Director of the Office of International Health, it has been my privilege for a number of years to represent my country at the World Health Assembly; and therefore I am honoured to appear before this important body this afternoon.

The United Nations was created with hope and promise following a period of despair and devastation. And now in a way that is what I want to talk about today — hope amid despair and promise amid devastation. I am referring, of course, to a disease this entire planet faces — the disease known as the acquired immune deficiency syndrome (AIDS). This is a disease that most often cuts down those in the prime of their lives. It kills the poor; it kills the affluent; and it is a disease that knows no geographic boundaries. Populations of all countries are vulnerable to attack.

I welcome the General Assembly's decision to discuss this frightening disease, and I welcome the draft resolution placed before it, commending the World Health Organization (WHO) for its impressive efforts to coordinate the attack on this awesome threat, and urging action by Governments in all countries to initiate where necessary and improve where possible their individual and collective efforts. My delegation sincerely hopes that this draft resolution will be adopted by consensus.

I come to this Hall today not as a diplomat but as a physician, and I come to you with a physician's plea. My plea is for greater compassion and for intensified international cooperation under the World Health Organization. It is a plea for all the nations of the world and for all their component parts — in the health community, the education community, the social service community, industry, non-governmental organizations — to mobilize their energies and resources, and to escalate the common fight against AIDS.

In each of our countries, we must start with an understanding of the disease and an acceptance that it is a risk to the entire society, and not just to one or more narrow groups. I recognize that the political and public health leaders in some countries may not have wanted, at the start, to collect and publish data on an epidemic such as this. But we cannot truly understand a disease, much less stop it, if we do not know where it is and how it acts. I believe that the under-reporting of AIDS could be retarding our progress in the fight against it, and I am pleased to learn that WHO has made advances in stimulating more openness and more honesty about the impact of this problem. I sincerely hope that all delegations here will urge that this growing openness continues.

We also need to recognize that while AIDS is a global problem it is potentially more destructive to the developing world than it is to the industrialized world. In developing nations the people stricken with AIDS are primarily those we look for support of the children, the aged and the sick. Deaths among these breadwinners cause both family income and nutrition to decline, while poverty and disease increase, making AIDS a major threat to family life.

But there is more. Because AIDS strikes the healthy and usually the young productive adult in the prime of life, AIDS is also a hindrance to development. Developing nations will be losing workers in agriculture, industry, and many other vital economic areas, not to mention teachers, engineers, physicians, health workers, Government officials and any other professionals. These are talented people that no country, especially not a developing country, can afford to lose.

Beyond that, there are the innocent victims — the children, the future of our world — who are and will continue to be afflicted with AIDS. The sad fact is that AIDS can roll back the global child survival efforts of both the United Nations Children's Fund (UNICEF) and WHO and undermine all the hard-won victories in reducing infant mortality.

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because of unreasonable fears about how AIDS is contracted; foreign investment may falter as well, because AIDS may be leading to reduced foreign markets and reduced skilled labour, not to mention the rising costs of health care.

Further, the expenses associated with dealing with AIDS will inevitably take funds and personnel from other programmes in health, education and other vital sectors, and thus jeopardize gains already made in these areas. AIDS can defeat the purposes of foreign assistance that international banks and industrialized countries have provided.

No, it is not fair that those whose potential losses are so threatening may be hit the hardest. But the reality is that AIDS can defeat a developing nation’s hopes for the future. Altogether, these are very sad possibilities to consider.

In the industrialized world, the consequences are also very great. We have already seen this in the United States. My country is not the most affected country in per capita terms, but as representatives know it has more cases than any other nation. What we have seen in this is: 43,000 AIDS cases have been reported in the United States, with 25,000 deaths. We estimate that 1.5 million additional Americans are infected by the AIDS virus, and can spread it to others. Present data indicates that 30 to 50 per cent of infected individuals can be expected to develop AIDS within 7 years of first becoming infected. We now know that the costs are astronomical, even for a country with as many resources as the United States. Treatment can cost $50,000, and perhaps more, for a single patient. We estimate that by 1991 the costs of treating AIDS in the United States will have reached between $8 billion and $16 billion a year. At the same time, however, we are making truly remarkable strides in research. We have learned more about AIDS in 6 years than we did about poliomyelitis in 40 years, or about whooping cough in several generations. But there are limits to this knowledge. President Reagan has pointed out that “science is clearly capable of breathtaking advances, but it is not capable of miracles.” He is right; even if we are able to identify a vaccine, because of the long incubation period of the virus it will take years to know if that vaccine is effective.

One thing that can be done in the short term, however, that will help to preserve tourism, business and foreign investment is to resolve to make the world’s blood supply safe for transfusion. Could we do this, all of us working together, say by 1991? We have the technology and the resources to do it. This is an area where the nations of the world could come together and do something that is for everyone’s benefit.

Victory over this one small facet of the AIDS pandemic will help bind us together in our struggle to contain the scourge of AIDS. We call on WHO to give this high priority.

AIDS is such a devastating disease that the cultural, social, economic and ethical after-shocks will last longer than the disease itself. My own country is suffering and in many cases my fellow citizens are confused and angry.

With this background we have declared AIDS to be our priority public health problem. A massive research effort is under way. We have undertaken educational campaigns to inform the public about AIDS and about the means to prevent it, and to try to dispel the myths and fears that can lead to discrimination against the victims of AIDS.

Of course, we are also supporting bilateral cooperative efforts in developing nations through our Agency for International Development, and we are cooperating fully with the efforts of WHO. The World Health Organization has developed highly sensible and impressive guidelines for action by individual Governments, and I believe it imperative that all countries make their AIDS control programmes consistent with WHO guidelines.

One reason I came here today was to endorse WHO’s leadership role in the battle against AIDS. The World Health Organization’s global AIDS programme emphasizes prevention through education, the exchange of information and the need for national programme efforts, developed in cooperation with WHO. It is clear to us that no country can fight AIDS on its own, and that the international coordinating authority of WHO is absolutely essential. My Government has provided money and equipment and manpower to assist the WHO programme and will continue to do so.

I have been a surgeon for almost 30 years, and I have never seen such a threat as AIDS. I am proud to be part of a tradition of care that goes back more than two millennia, a tradition that will not abandon the sick and the disabled, whoever they are. But now, in this epidemic, reports are trickling in that some doctors, nurses, and other health care workers, through unfounded fear concerning the transmission of AIDS, are refusing to care for patients with AIDS, or who they think might have AIDS. This behaviour on the part of a misinformed and fearful minority could destroy the fabric of traditional Hippocratic medicine, and we must not let that happen.

We must not abandon those who need our help. Just as important, we must not abandon hope, or abandon our countries or their economies to the devastating impact of this pandemic. Certainly there are
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As we speak, progress is being made in the laboratory; progress is being made in education; and as this discussion illustrates, progress is being made in international cooperation.

Let us continue to move forward with good sense and good science and, together, let us give the world something every bit as precious as a vaccine against AIDS. Let us show the world how compassion and enlightenment can triumph over disease.

Mr. MOORE (United Kingdom): I am delighted to have this opportunity to address the General Assembly. I know that it is unusual for health subjects to be debated here but I believe today’s debate is a welcome and timely indication of the recognition throughout the world of the threat posed by AIDS. No country is immune from the effects of this new and menacing disease.

Indeed, the presentations we have just heard from Dr. Mahler and Dr. Mann show the world-wide extent of the problems we all face. The 17th-century English poet John Donne wrote that “No man is an island, entire of itself.” These words are only too significant in the context of the battle against AIDS.

I believe that there are two fundamental questions which need to be addressed in this debate. First, what is to be done to contain the impact of this disease? Secondly, how much of that action should be taken by individual countries and how much should by a collective effort of us all?

The presentations have indicated the scale and scope of the problem throughout the world. The position in the United Kingdom is that, by September 1987, we were aware of over 1,000 people with AIDS, and half of these had already died. Particularly worrying is that the number of cases is currently doubling every 10 months or so. In addition, the reported number of HIV cases is now over 7,500 and the actual number might be as high as 40,000 to 50,000.

To tackle the growing problem, the United Kingdom has developed a comprehensive four-part strategy, comprising measures in public education, infection control over surveillance, research, and the development of health and other services for people with HIV and AIDS. I should like, if I may, to say a little about each of these in turn.

In the absence of medical defences against AIDS, public education is the main weapon in the fight to limit the spread of infection. Only by influencing personal behaviour and life styles can we hope to minimize the ravages of AIDS throughout our populations. That is why the British Government committed $33 million in November 1986 to its campaign to raise public awareness about AIDS and particularly to dispel myths about the ways it can be spread. This is a many-faceted campaign. It has included television, radio and newspaper advertisements. And a leaflet was distributed to all 23.5 million households in Britain, a unique exercise for us in mass public education. I am pleased to say that research shows widespread public support for this move, and we received very few complaints. Another strand of the campaign is a 24-hour free national telephone service giving confidential advice and information.

I am also pleased to report that our press and broadcasting authorities have been extremely cooperative in putting out the public education message. This culminated in a coordinated schedule of television programmes, the so-called AIDS Week, in February 1987. A similar schedule has been carried on radio. Could I also pay tribute here to the valuable work of the staff of our National Health Service and of the voluntary sector in the United Kingdom in caring for those afflicted by the disease.

The most recent stage of the campaign, which I launched on 2 September, concentrates on the dangers of infection in one particularly high-risk group — those who inject drugs. Its results are being closely monitored.

Our public education campaign has been extremely well received. I believe one reason has been its wide-ranging and imaginative nature. But a major cause of public acceptance has undoubtedly been the strength of the Government’s commitment to the fight against AIDS. This has been amply demonstrated by the excellent and coordinated response of the Government across all of its departments.

As the second part of our strategy, we have adopted a number of measures to safeguard public health and to establish the extent of the problem we face in the United Kingdom. These include the screening of blood donations, the heat treatment of blood products, the establishment of a confidential and voluntary reporting system to monitor the spread of HIV infection and AIDS, and the provision of free and confidential testing and counselling services through National Health Service family doctors and hospital clinics.

As there is currently no vaccine or cure for AIDS, research is clearly a major priority. Accordingly, we have given our Medical Research Council an additional $24 million over the next three years to finance a directed programme of AIDS research. This programme is
and will be those we cannot save. But I do believe that our scientific efforts, together with knowledge and education, will eventually stop this terrible disease.

As we speak, progress is being made in the laboratory; progress is being made in education; and as this discussion illustrates, progress is being made in international cooperation.

Let us continue to move forward with good sense and good science and, together, let us give the world something every bit as precious as a vaccine against AIDS. Let us show the world how compassion and enlightenment can triumph over disease.

Mr. MOORE (United Kingdom): I am delighted to have this opportunity to address the General Assembly. I know that it is unusual for health subjects to be debated here but I believe today's debate is a welcome and timely indication of the recognition throughout the world of the threat posed by AIDS. No country is immune from the effects of this new and menacing disease.

Indeed, the presentations we have just heard from Dr. Mahler and Dr. Mann show the world-wide extent of the problems we all face. The 17th-century English poet John Donne wrote that "No man is an island, entire of itself." These words are only too significant in the context of the battle against AIDS.

I believe that there are two fundamental questions which need to be addressed in this debate. First, what is to be done to contain the impact of this disease? Secondly, how much of that action should be taken by individual countries and how much should by a collective effort of us all?

The presentations have indicated the scale and scope of the problem throughout the world. The position in the United Kingdom is that, by September 1987, we were aware of over 1,000 people with AIDS, and half of these had already died. Particularly worrying is that the number of cases is currently doubling every 10 months or so. In addition, the reported number of HIV cases is now over 7,500 and the actual number might be as high as 40,000 to 50,000.

To tackle the growing problem, the United Kingdom has developed a comprehensive four-part strategy, comprising measures in public education, infection control over surveillance, research, and the development of health and other services for people with HIV and AIDS. I should like, if I may, to say a little about each of these in turn.

In the absence of medical defences against AIDS, public education is the main weapon in the fight to limit the spread of infection. Only by influencing personal behaviour and life styles can we hope to minimize the ravages of AIDS throughout our populations. That is why the British Government committed £33 million in November 1986 to its campaign to raise public awareness about AIDS and particularly to dispel myths about the ways it can be spread. This is a many-faceted campaign. It has included television, radio and newspaper advertisements. And a leaflet was distributed to all 23.5 million households in Britain, an unique exercise for us in mass public education. I am pleased to say that research shows widespread public support for this move, and we received very few complaints. Another strand of the campaign is a 24-hour free national telephone service giving confidential advice and information.

I am also pleased to report that our press and broadcasting authorities have been extremely cooperative in putting out the public education message. This culminated in a coordinated schedule of television programmes, the so-called AIDS Week, in February 1987. A similar schedule has been carried on radio. Could I also pay tribute here to the valuable work of the staff of our National Health Service and of the voluntary sector in the United Kingdom in caring for those afflicted by the disease.

The most recent stage of the campaign, which I launched on 2 September, concentrates on the dangers of infection in one particularly high-risk group — those who inject drugs. Its results are being closely monitored.

Our public education campaign has been extremely well received. But I believe one reason has been its wide-ranging and imaginative nature. But a major cause of public acceptance has undoubtedly been the strength of the Government's commitment to the fight against AIDS. This has been amply demonstrated by the excellent and coordinated response of the Government across all of its departments.

As the second part of our strategy, we have adopted a number of measures to safeguard public health and to establish the extent of the problem we face in the United Kingdom. These include the screening of blood donations, the heat treatment of blood products, the establishment of a confidential and voluntary reporting system to monitor the spread of HIV infection and AIDS, and the provision of free and confidential testing and counselling services through National Health Service family doctors and hospital clinics.

As there is currently no vaccine or cure for AIDS, research is clearly a major priority. Accordingly, we have given our Medical Research Council an additional £24 million over the next three years to finance a directed programme of AIDS research. This programme is
particularly aimed at the development of vaccine against HIV infection and anti-viral drugs to treat those who do become infected.

We have also given the Medical Research Council $5 million for general AIDS research outside this directed programme. In addition, the British Government is funding a number of AIDS-related research projects, and our very important pharmaceutical industry is also investing heavily in this area. We all hope that these research efforts will prove successful. However, we have to recognize that expert opinion is at present that no vaccine will be generally available within at least five years, and a cure looks a much more distant prospect. Meanwhile, we must rely primarily on the education campaign.

The fourth strand of our strategy concerns the provision of services for the care and support of those with HIV infection of AIDS. We consider that wherever possible these should be community-based, to enable people to be cared for in their own homes. To achieve this, we aim to promote cooperation between health authorities, local government and the voluntary sector in providing a range of services, including treatment, counselling and special training for staff. One element of this is the working group we have established to consider the implications of AIDS for both health and local government services. An Act of Parliament — the AIDS (Control) Act — has recently been passed. This requires every health authority in the United Kingdom to publish an annual report giving details of both the public education measures and the care provided for people with AIDS. I hope these reports will help contribute to planning future services; the first reports will be made next year.

There is, of course, one further aspect of our strategy, and this is a crucial one. It is the need to encourage international cooperation. AIDS, as other speakers have said, is no respecter of national boundaries. So we need a global response to contain it. This means aiming for the most effective use of all our resources, the sharing of information and expertise and the avoidance of duplication of effort.

This is why the leading role of the World Health Organization (WHO) is so important. A measure of this is that it is now working with over 90 countries on their AIDS campaigns. The United Kingdom greatly appreciates what WHO has achieved so far, and fully supports its Special Programme on AIDS, which aims to provide global leadership, to help international collaboration and to support and strengthen national AIDS programmes worldwide. I am pleased that the United Kingdom has contributed nearly $5.5 million to this Special Programme. We are also contributing over $2.5 million to the Interna-

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tional Planned Parenthood Federation, to help strengthen its AIDS work, and are currently discussing with WHO the best way of supporting AIDS control programmes in a number of affected countries.

A most encouraging start has been made in co-ordinating the necessary international action. But it is only a start, and much remains to be done. There are three traps that could seriously undermine international efforts, and we must not allow ourselves to fall into any of them.

The first is to pretend that AIDS is not a threat to one's own country. It is a luxury to think that AIDS is someone else's problem, that other countries will somehow find a way of solving the problem and that all we have to do is to sit tight and wait. AIDS is a problem for all of us. All countries will be affected by it in one way or another. And it will not be defeated on a world scale unless each country takes action to defeat it within its own borders.

The second trap is to expend energy in arguing about where the infection originally came from. This question is no doubt of some scientific interest. But Governments' concern must be with the much more urgent issue of how to tackle the infection. Recriminations between countries about the origins of the virus help no one, least of all the sufferers themselves.

The third trap, perhaps the most dangerous of all, is to try to isolate one's country completely from the spread of the infection. Even if this were possible, which for the great majority of countries must be very doubtful, to sustain such a self-imposed quarantine would require the most Draconian measures. These would have to involve not only rigid controls over one's own population, but also severely curtailing contacts between them and those of other countries. The devastating impact this could have on relations between countries, not to mention trade and travel links, is likely far to outweigh its effectiveness in combating AIDS. The United Kingdom therefore firmly supports the World Health Organization's opposition to such measures.

Instead of these negative approaches to the problem that confronts us all, the United Kingdom believes three things are needed. The first is action, not words. There is no point in countries just paying lip-service to the problem. Each country has to face up to the threat that AIDS represents and take the right measures to safeguard its people, notably by teaching them how the infection is transmitted and how to avoid catching it. The second is co-operation, not conflict. It is essential that each country work with others as part of a communal effort. This involves being willing to co-operate in medical research projects and surveys about the spread of the disease, exchanging experience and ex-

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pertise and making available to the international community new scientific information and data as soon as practicable. The third is coordination, not confusion. International efforts must be coordinated. If individual countries take action without any regard to what others are doing, the international response to the problem will be less effective. There could be wasteful duplication in some fields and inadequate action in others. The World Health Organization’s Special Programme, therefore, has a crucial role to play, and should be supported.

Therefore, we strongly support the draft resolution now before the Assembly, which has been put together under the skillful leadership of the Australian delegation. If passed, it will represent a substantial political message of our determination to fight the terrible disease of AIDS. The draft resolution also represents a carefully balanced consensus, reflecting the interests of a number of Member States and groups. It has attracted sponsorship from a wide cross-section of the United Nations. I therefore hope that the draft resolution as it stands can be adopted tomorrow by consensus, or at least by an overwhelming majority.

AIDS poses probably the greatest threat to public health this century. It is very important, therefore, to have the issues aired on the world stage. I very much hope that this debate will play its part in generating greater understanding, greater effort and greater cooperation between the Member States. The United Kingdom stands ready and willing to play its part in all this. That is why we look forward to the joint World Health Organization-United Kingdom World Summit of Health Ministers in January 1988, to be held in London. The Summit’s theme is public education and prevention. It is clear from the responses we have received so far that a conference on this important subject is widely welcomed. I hope that as many Health Ministers as possible will decide to attend, and that the Summit will enable a further useful exchange of views, very much in the spirit of today’s proceedings.

Mr. EPP (Canada): Mr. President, I should like to take this opportunity to express my admiration for the way in which you have conducted this debate. I am convinced that everyone will agree that you have shown great skill in guiding us at this special meeting. The Secretary-General must also be thanked for his introduction to the debate. I also wish especially to express my appreciation to Dr. Mahler, Director-General of the World Health Organization (WHO), and Dr. Mann, for their summary of the AIDS situation throughout the world. Their lucid description has set the tone for our debate.

It is hard to believe that less than 10 years ago few people had heard of acquired immunodeficiency syndrome (AIDS). No one could have imagined a disease of such magnitude. While there have always been deadly diseases there had developed over the last few decades a faith that the skills of doctors and medical researchers would eventually protect us from them. Think of the great strides that we had already made, such as the eradication of smallpox.

We are now faced with a disease against which, for all its efforts, modern science has not made sufficient headway. I do not underestimate the brilliant work already done by doctors and researchers. Extraordinary advances have already been made in research into this disease. In just a very short time scientists have developed an understanding of the complex nature of the disease. Still it is clear that it will take many years and much effort before we can hope to control AIDS through medical techniques.

It is obvious that AIDS has reached such a height of public concern because of the various ways that one can become infected with it and the fact that it is a fatal disease. As we well know, a number of AIDS patients have been infected by the use of contaminated blood and blood products; yet that must be weighed against the fact that millions of people have been saved from the ravages of deadly diseases by means of blood transfusions or injections with vaccines. With immunization programmes sponsored by the World Health Organization (WHO) and many Governments, these immunizations could eventually be available to all. Now, the fear of AIDS has put these programmes into jeopardy. People are justifiably concerned that they might receive the AIDS virus from contaminated, reused needles. That fear of AIDS could lead to an undermining of the great efforts which have already been made to control other diseases.

However, as we are all aware, the most common way by which the AIDS virus is spread is through sexual contact. That is the source of our greatest concerns. Certainly there have been sexually-transmitted diseases before, but never has there been one of such magnitude and danger; therefore we must recognize that the sexual transmission of the AIDS virus is not restricted to any particular group but that all sexually active people are potentially its targets.

Opinions have been expressed that there have been relatively few deaths from AIDS so far. There is some truth in that. In Canada, which has one of the highest reported rates of AIDS per capita in the world, there have been 680 deaths to date out of 1,300 cases; and yet estimates show that this is only the tip of the iceberg and that deaths
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will rise steadily. What is truly frightening is that we do not know the full magnitude of the disease. When we think of the numbers who are already infected by the AIDS virus, and how far it could spread, we must all face the fact that the effect of the disease will be medically and economically devastating. The costs of caring for AIDS patients will be an enormous burden, even for the most developed countries.

Furthermore, it is clear that the effects of AIDS will go beyond just the deaths of tens of thousands. The disease has the potential to upset the social and economic fabric of many countries, which are likely to lose many of their most economically productive members. In addition, as the number of AIDS cases grows, the cost of caring for them may swamp other equally important health care programmes. We must not forget that there are other serious health care problems in addition to AIDS, which must be addressed.

For the immediate future we face the problem of the fear which has resulted from misinformation about AIDS. Over the last few months we have seen many examples of people infected with the AIDS virus suffering discrimination. Increasingly, those who are AIDS sufferers are being shunned by other members of society. What is demanded of us is to give them the best health care possible. Similarly, every effort must be undertaken to provide factual data regarding AIDS, to reduce the rise of groundless fear and panic which is most often built on misinformation.

Just as we cannot isolate the individual AIDS sufferers, so we must not cut off those countries where it seems that the AIDS virus has struck the hardest. We must help them cope with the situation and the AIDS pandemic should be occasion for greater cooperation among us.

Clearly, more than words is needed. AIDS will have to be dealt with in a variety of activities. Research efforts must be properly balanced with public education. That is the approach which Canada has taken to deal with the AIDS pandemic.

AIDS cases were first reported in our country in 1982. Since that time over 1,300 people have developed AIDS and 87 per cent of AIDS cases are between 20 and 49 years of age. Over 86 per cent are homosexuals or bisexuals. By the end of 1991 there may be as many as 6,700 AIDS cases in Canada. It is estimated that there are between 50,000 and 100,000 people infected with the AIDS virus in our country.

The screening of blood and blood products began in Canada in November 1985. After the first year of screening, 211 of 1.2 million donation samples contained the AIDS virus antibody. We are confident that the Canadian supply of blood and blood products is safe from the

AIDS virus.

Once the full extent of the AIDS danger was evident we in Canada did act. Between 1982 and 1986, $2.6 million had been spent on AIDS research by the Canadian Government. In 1986, on behalf of the Government, I announced a $39 million five-year programme, of which over $22.5 million would be allocated to various research projects. Canadian Government research concentrates on the following areas: first, the use of epidemiological studies of population groups as a means to determine the extent and progression of infection; second, the improvement of diagnostic techniques through the use of bio-technology; third, the development of a rapid test to identify the presence of the virus; fourth, the development of an effective vaccine, which is fundamental to any long-term efforts to control the spread of the virus; fifth, immunological studies in individuals with AIDS or related infections; and, last, socio-economic and behavioural studies of the effects of AIDS.

To ensure that its plans are properly implemented the Government of Canada has established the Federal Centre for AIDS. That organization brings together all the AIDS-related scientific and medical expertise within the Federal Government. The unit, which has been designated a World Health Organization AIDS collaborating centre, will coordinate epidemiological studies with regard to AIDS and also serve as a source of technical and scientific information for laboratories across the country. Additionally, research will be done by non-governmental organizations, such as universities and hospitals, especially with the assistance of Federal and Provincial Government funding.

In Canada we recognize that it will be many years before there is a cure for AIDS. Further, we know that even an effective vaccine is a long way off. Clearly, at present and for the foreseeable future, the only means available to slow the spread of AIDS are education programmes. The Federal Government has allocated $3.7 million to the Canadian Public Health Association for a national AIDS education and awareness programme, which includes intensive multi-media educational projects as well as seminars, the provision of written materials and course curricula. Much of the funding provided will go to support community-based AIDS organizations to provide education and services to all parts of Canadian society, including those who are most at risk.

To ensure that the Government of Canada was receiving the best advice possible on all aspects of AIDS, the National Advisory Committee on AIDS was formed in 1983. As the pandemic grows, there is a continued need to address the many social, legal, ethical and moral is-
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Under our Federal system, the Provinces are responsible for the provision of formal education as well as for the delivery of health care and social services. Therefore, various Provincial and Territorial Governments are establishing their own preventive awareness programmes.

The key to all the educational efforts across the country is that they provide intelligible, reliable information. Handled with sensitivity and tact, these programmes can provide Canadians with information about the dangers they face and will familiarize them with the methods available to reduce those risks.

In my opinion, in Canada we are doing our utmost to bring AIDS under control within our own borders. However, we cannot do the job alone. Canadians recognize that it is urgent that international efforts be undertaken to deal with the pandemic. Canadian scientists and doctors have worked with those of many other countries. In June 1989 Canada will serve as host to the fifth International Conference on AIDS, in Montreal. The theme will be partnership, both within and amongst countries, and the Conference will focus on the social and economic issues of AIDS as well as the more traditional biomedical aspects.

So we welcome this debate because it is an opportunity to discuss the various dimensions of AIDS, especially the need for international cooperation. That is why Canada was amongst the first to co-sponsor the draft resolution on AIDS and we urge others to support it. My presence here is indicative of Canada’s willingness to cooperate with other countries to manage the pandemic.

Above all these things, we have shown our commitment to participate in the global campaign against AIDS. Canada strongly supports the World Health Organization’s (WHO’s) Special Programme on AIDS. It is the focal point of international efforts against AIDS. Last May the Government of Canada contributed $5 million to this Programme. We firmly believe that the WHO Special Programme on AIDS is essential if we are going to control the AIDS pandemic around the world. Therefore, it is vital that it be supported and fully funded.

The Special Programme has been endorsed by countries from all regions. Last May the leaders of the Seven Leading Industrial Nations endorsed the work of the Special Programme. Only last week, in Vancouver, the Commonwealth Heads of Government stated their willingness to cooperate with WHO. This support is not surprising. It has been earned by the extraordinary work done by Dr. Jonathan Mann and his staff. Since February, while occupied with the organization and planning of the Special Programme, they have been able to advise many countries about the AIDS pandemic. The Special Programme has already released a number of studies which are of great use to all countries.

One of the Special Programme’s most important roles is to gather information about AIDS. It is essential that we have a free and accurate exchange of information regarding all considerations of the pandemic. That is a responsibility for which the Special Programme is especially suited. In addition, as the international focal point, the Special Programme will provide the necessary coordination and collaboration to ensure that countries do not duplicate each other’s work.

The Special Programme must be a catalyst for cooperation between countries. Furthermore, it will be able to build the consensus on issues to avoid conflicts which can only hamper efforts to deal with the pandemic. By providing guidelines on various questions, the Special Programme helps alleviate some of the fears which the pandemic is causing.

The other major role which the Special Programme has is to assist countries with the preparation of their national strategies in their fight against AIDS. National strategies of prevention and control are essential if we hope to stop the spread of AIDS. The Special Programme can provide the expertise to put the necessary programmes in place.

It is clear that the Special Programme on AIDS will play a central role in any successful campaign to control the disease. I urge all countries to cooperate fully with the Programme. All countries must face the serious consequences which will result from AIDS if the disease is left unchecked. Long-range health needs should not be sacrificed for short-term economic gains.

We are faced with an enormous task, and I believe that the next five to ten years are the most crucial. I know that all countries, working together with WHO, have the tools to meet the challenge. The work already done by researchers convinces me that it is only a matter of time before there will be an effective vaccine. However, we must accept the fact that a cure is a long way off. For the foreseeable future, we only have education as a tool to slow the growth of the AIDS pandemic. Delicate subjects, generally not discussed in public, must be addressed. Ensuring cooperation and collaboration is vital, and that is one of WHO’s major roles.

We can succeed in our efforts to control the pandemic only if each of us recognizes that AIDS is a threat to the social and economic fabric of our countries. AIDS knows no borders, nor does it distinguish the
sues which arise. Experts in those disciplines have been included in the Advisory Committee.

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Above all these things, we have shown our commitment to participate in the global campaign against AIDS. Canada strongly supports the World Health Organization’s (WHO’s) Special Programme on AIDS. It is the focal point of international efforts against AIDS. Last May the Government of Canada contributed $5 million to this Programme. We firmly believe that the WHO Special Programme on AIDS is essential if we are going to control the AIDS pandemic around the world. Therefore, it is vital that it be supported and fully funded.

The Special Programme has been endorsed by countries from all regions. Last May the leaders of the Seven Leading Industrial Nations endorsed the work of the Special Programme. Only last week, in Vancouver, the Commonwealth Heads of Government stated their willingness to cooperate with WHO. This support is not surprising. It has been earned by the extraordinary work done by Dr. Jonathan Mann and his staff. Since February, while occupied with the organization and planning of the Special Programme, they have been able to advise many countries about the AIDS pandemic. The Special Programme has already released a number of studies which are of great use to all countries.

One of the Special Programme’s most important roles is to gather information about AIDS. It is essential that we have a free and accurate exchange of information regarding all considerations of the pandemic. That is a responsibility for which the Special Programme is especially suited. In addition, as the international focal point, the Special Programme will provide the necessary coordination and collaboration to ensure that countries do not duplicate each other’s work.

The Special Programme must be a catalyst for cooperation between countries. Furthermore, it will be able to build the consensus on issues to avoid conflicts which can only hamper efforts to deal with the pandemic. By providing guidelines on various questions, the Special Programme helps alleviate some of the fears which the pandemic is causing.

The other major role which the Special Programme has is to assist countries with the preparation of their national strategies in their fight against AIDS. National strategies of prevention and control are essential if we hope to stop the spread of AIDS. The Special Programme can provide the expertise to put the necessary programmes in place.

It is clear that the Special Programme on AIDS will play a central role in any successful campaign to control the disease. I urge all countries to cooperate fully with the Programme. All countries must face the serious consequences which will result from AIDS if the disease is left unchecked. Long-range health needs should not be sacrificed for short-term economic gains.

We are faced with an enormous task, and I believe that the next five to ten years are the most crucial. I know that all countries, working together with WHO, have the tools to meet the challenge. The work already done by researchers convinces me that it is only a matter of time before there will be an effective vaccine. However, we must accept the fact that a cure is a long way off. For the foreseeable future, we only have education as a tool to slow the growth of the AIDS pandemic. Delicate subjects, generally not discussed in public, must be addressed. Ensuring cooperation and collaboration is vital, and that is one of WHO’s major roles.

We can succeed in our efforts to control the pandemic only if each of us recognize that AIDS is a threat to the social and economic fabric of our countries. AIDS knows no borders, nor does it distinguish the
nationality of people. It is a matter for world-wide concern. The defeat of AIDS, like that of smallpox, can be an example of people working together, regardless of national origin, race or creed.

Canada strongly supports the draft resolution. This debate must lead to greater cooperative action now. Canada will do its part, and I urge all nations to join together in conquering this dreadful scourge which is threatening mankind.

Mr. BIERRING (Denmark): Allow me first, on behalf of the twelve member States of the European Community, to thank the Secretary-General for his address this afternoon to the General Assembly and Dr. Mahler and Dr. Mann for briefing us on AIDS - a menacing disease affecting all regions of the world. We welcome the fact that special attention is being given to AIDS here at the Assembly. Let me mention, among others, two reasons for that:

First, a key word in the fight against AIDS is awareness. Not only does awareness tend to increase the resources given to combat the disease but awareness in itself is furthermore a direct remedy - for the time being the most important remedy - in the effort to slow down the spread of the pandemic. By the discussion of AIDS in the General Assembly, it is our firm belief that awareness will be increased not only among public health officials and doctors but also among politicians and the public at large. It will promote efforts by the international community.

Secondly, it is essential that all resources be used in the most efficient way in the fight against AIDS. Discussions and exchanges of information about the subject in various forums should aim at coordination and cooperation, thereby avoiding duplication of efforts.

I should like in general terms to express appreciation of and satisfaction with the important work of the World Health Organization (WHO), which the twelve member States of the European Community have always supported strongly. We also support the activities carried out by other United Nations agencies in this field. Let me assure the Assembly that in the future also our support will not be lacking.

I should also like to stress that we fully endorse the World Health Organization as the agency which has the international leadership and is the coordinating agency with respect to the global struggle against AIDS. The World Health Organization enjoys world-wide respect and has so far shown that it has the flexibility and the capacity to deal effectively with the problem. We believe that WHO is ideally placed to provide and mobilize the international action that will be needed to establish and maintain national AIDS programmes in all countries and

we note with satisfaction that national AIDS committees have already been established in more than 100 countries.

No less important is the fact that the World Health Organization, with its long experience in the health sector, is the organization best suited to ensure that efforts to combat AIDS are to the maximum extent possible integrated in general public health services, thereby using existing infrastructure and avoiding creating new and costly structures. We expect, therefore, that WHO will also make use, wherever expedient, of existing channels and programmes of such United Nations agencies as the United Nations Children's Funds (UNICEF) and the United Nations Fund for Population Activities (FPA), as well as of a number of non-governmental organizations which are particularly suited for the execution of important activities in the fight against AIDS.

Information, education and research are essential elements in the fight against AIDS for as long as no vaccine exists, and the Community and its member States focus precisely on those elements. The European Community has decided to introduce in its fourth Medical Research Programme 1987-1991 the co-ordination of medical research on AIDS. Just a few weeks ago the research ministers from the European Community approved about $15 million for research on AIDS.

Let me also mention that the Council and the Ministers of Health meeting within the Council on 15 May, 1987 adopted a number of conclusions aimed at strengthening and improving our common efforts to combat AIDS. In those conclusions it was confirmed that the efforts of the European Community would be carried out in cooperation with WHO in order to avoid duplication of effort.

The Council of Ministers also decided to establish an ad hoc group of representatives with the mandate to propose as soon as possible a common strategy for an action plan to fight the disease, to be carried out by the Community and its member states.

We believe that in our efforts to combat AIDS, care must be taken fully to respect the human rights of all. We stress in this context the ineffectiveness, in terms of prevention, of any policy of systematic and compulsory screening, in particular during health checks at frontiers.

AIDS is not only a grave problem in all parts of the world; the disease will have serious implications for the social and economic development of, especially, the most vulnerable countries. Given the considerable difficulties we have encountered in trying to combat AIDS in our own countries, we can easily appreciate that countries whose national health resources are much more limited find it even harder to
nationality of people. It is a matter for world-wide concern. The defeat of AIDS, like that of smallpox, can be an example of people working together, regardless of national origin, race or creed.

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cope with the problem.

Against this background, the European Community approved in June this year a three-year plan with a budget amounting to about $40 million. This plan involves providing technical, financial and scientific assistance to African, Caribbean and Pacific countries running national AIDS control programmes and encouraging Community coordination of bilateral efforts. It should be superfluous to say that the plan will be carried out in close cooperation with the World Health Organization, but let me again state clearly that the idea behind the plan is to make a Community contribution to the international AIDS campaign being run and coordinated by WHO's Special Programme on AIDS. The Community notes with satisfaction that so far about 40 African, Caribbean and Pacific countries have asked to take part in the programme.

The Community is pleased to see that a draft resolution on the prevention and control of AIDS has been presented to the General Assembly. We commend this draft resolution to the Assembly for its unanimous support.

The AIDS pandemic has in the space of a few years become a matter of the greatest concern to the international community and the 12 member States of the European Community believe that exceptional attention should be given to the struggle against the disease. We commend WHO for having done just that.

The Community also strongly welcomes the convening of the world summit meeting of Ministers of Health on programmes for AIDS prevention in London from 26 to 28 January next year.

It is necessary to continue to work solidly and tirelessly towards eradicating the many health problems that still exist.

We fully trust that the World Health Organization will continue to work arduously and wisely in the battle against AIDS, while at the same time not neglecting the many other valuable activities carried out with world-wide cooperation towards attaining health for all.

Mr. POMPIDOU (France) (interpretation from French): This is the first time that the question of the fight against AIDS has been taken up by the General Assembly of the United Nations. France welcomes the initiative taken in the face of the now global impact of this new viral infection.

The inclusion of this question on the agenda of the General Assembly, the attention given to it by the Secretary-General in his introduction, the remarkable addresses that we have heard from Dr. Mahler and Dr. Maan and the presence here of a large number of Ministers and personalities are clear indications of a universal awareness of the dangers inherent in AIDS, not only for our health but also for the development of the world, and bear witness to a collective will for action.

The Ambassador of Denmark has just expressed on behalf of the 12 member States of the Community the importance that we attach to the strengthening of the struggle against AIDS and our appreciation of the role of the World Health Organization in this field. I should like to explain briefly how France sees and carries out such efforts.

Thanks to the discovery by two French and two American teams of the human immunodeficiency virus and of its role as a causal agent of AIDS, it has been possible to devise detection techniques. Rapid scientific progress has been made thanks to the involvement of researchers throughout the world in the fight against AIDS.

Despite the extremely productive nature of present-day research, there is still no definite treatment for the infection and it continues to spread. It is obviously necessary to pursue our efforts, which is why France, in its struggle against AIDS, has developed a global, balanced policy, based on prevention, research and international cooperation.

Prevention encompasses both information and screening. Bearing in mind the highly symbolic nature of transmission through blood and sexual contact, information must be based exclusively on science. It must therefore focus on ways of contamination and epidemiological data on known cases of AIDS, which must be reported in France. Such information, however, is also a way of increasing awareness and making every individual responsible for his own behaviour in order to protect himself and others.

Thirteen million brochures have been distributed to give information on contamination factors and means of protection; 24 million leaflets have been sent to all telephone subscribers; and a data bank has been established and is accessible through an automatic telephone network to the entire population.

Screening is mandatory in France to all blood, cell or organ donors. Apart from this, screening is widely available to the entire population on a voluntary or consenting basis, with professionally guaranteed respect for confidentiality. This is indispensable to avoid both discrimination and frustration of the desired result - that is, broad access to screening and a change in the behaviour of individuals who react positively.

Research is being carried out in several major centres, including the Pasteur Institute in Paris, and a supplementary budget of 100 million francs has been allocated this year.

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actions of the international community and France fully intends to
develop its bilateral and multilateral cooperation. It will, of course, partici-
pate in the efforts of the countries of the European Economic Com-
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on the initiative of the Committee of Ministers of Health of the Com-
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ommendations of the World Health Organization (WHO), decided
unanimously not to carry out any screening at frontiers, in order to
permit free movement of individuals.

France already materially supports WHO, both by means and by
personnel. It has decided to increase its assistance to that organiza-
tion. The action of WHO, under the guidance of its Director-General and
thanks to the dynamism of the Director of the Special Programme on
AIDS, has been able to mobilize and coordinate efforts with remark-
able efficiency. That programme must maintain its priority status within
WHO and with regard to all countries.

We are therefore fully in favour of the draft resolution submitted
to the United Nations, because for us control means prevention and
health education, but also screening, with absolute respect for medical
congeniality and human rights, to which France is by tradition firmly
committed.

Indeed, while infections by the human immunodeficiency virus en-
dangers public health, science remains directly involved in the search
for a radical solution, we must not underestimate the basic questions
raised by the spread of AIDS, as stated by Dr. Mann a moment ago, in
the modern society, in particular its ethical aspects.

That is why France proposed the meeting in Paris of the people
responsible for dealing with the struggle against AIDS in more than
120 countries, which is to take place tomorrow, with representatives of
WHO, to consider the questions of international co-operation, screening
methods and ethical and socio-economic problems. This first con-
tact will make it possible to take stock of the present situation and also
to prepare for future meetings, in particular the meeting of Ministers
of Health to be held in London next January. The purpose is to avoid
over hasty or emotional decisions in an area in which it is more neces-
sary than ever before to proceed step by step and, above all, to do so
calmly.

Mr. BELONOQOV (Union of Soviet Socialist Republics) (inter-
pretation from Russian): I wish to express my gratitude to the Secre-
tary General, Mr. Perez de Cuellar, and to the Director-General of the
World Health Organization (WHO), Dr. Mahler, and his colleague

Dr. Mann, for their substantive introductory statements.

It is a paradox of our time that the rapid development of science
and technology, while making breakthroughs in the exploration of outer
space and the ocean depths and opening unprecedented vistas of social
and economic progress, is not yet able to penetrate all the mysteries
of the human organism and to find antidotes to the many diseases that
destroy that organism.

This is clearly reflected in the swift spread of acquired immune
deficiency syndrome (AIDS). The scope of the AIDS pandemic, the
lack of means of preventing it and the growing fear of it throughout the
world have made AIDS one of the gravest global problems, whose sig-
nificance goes far beyond the limits of medical science and public
health.

Although AIDS is not as acute a problem in the Soviet Union as
in many other countries, we are conducting intensive scientific research
to develop means of preventing, diagnosing and treating this disease.
Unfortunately, nowhere in the world have effective means yet been
found of treating this disease, nor is there yet a vaccine which can give
reliable protection from its pathogenic organisms. In the circumstances,
the Soviet Union, like several other states, does not see at this stage
any alternative to the adoption of measures to impede the spread of
AIDS viruses. The Decree of the Presidium of the Supreme Soviet of
the USSR of 25 August this year on measures for preventing infection
with the AIDS virus has come into force and the USSR Ministry of
Public Health has approved rules for medical examination to identify
infection with AIDS. These were organizational measures to control
the spread of AIDS, inter alia through preventing the introduction of
this disease into our country.

It is obvious, however, that no rules or instructions will be able to
make any country safe against the threat of an epidemic. We should
not pin our hopes on defensive tactics; it is necessary to bring together
all the potential available in the world today in order to start a global
offensive against this problem.

That is why we favour the establishment of a world-wide network
of medical cooperation on the problem of AIDS and the other most
dangerous diseases on the basis of existing WHO structures and with
due regard for the ideas on this matter which have been advanced by
the leaders of the World Physicians' Movement.

The Soviet Union highly appreciates the activities of WHO, which
has been leading the fight against AIDS. It has taken an active part in
elaborating a global strategy for the prevention of this disease and has

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We are therefore fully in favour of the draft resolution submitted to the United Nations, because for us control means prevention and health education, but also screening, with absolute respect for medical confidentiality and human rights, to which France is by tradition firmly committed.

Indeed, while infections by the human immunodeficiency virus endanger public health, science remains directly involved in the search for a radical solution, we must not underestimate the basic questions raised by the spread of AIDS, as stated by Dr. Mann a moment ago, in the modern society, in particular its ethical aspects.

That is why France proposed the meeting in Paris of the people responsible for dealing with the struggle against AIDS in more than 120 countries, which is to take place tomorrow, with representatives of WHO, to consider the questions of international co-operation, screening methods and ethical and socio-economic problems. This first contact will make it possible to take stock of the present situation and also to prepare for future meetings, in particular the meeting of Ministers of Health to be held in London next January. The purpose is to avoid hasty or emotional decisions in an area in which it is more necessary than ever before to proceed step by step and, above all, to do so calmly.

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This is clearly reflected in the swift spread of acquired immune deficiency syndrome (AIDS). The scope of the AIDS pandemic, the lack of means of preventing it and the growing fear of it throughout the world have made AIDS one of the gravest global problems, whose significance goes far beyond the limits of medical science and public health.

Although AIDS is not as acute a problem in the Soviet Union as in many other countries, we are conducting intensive scientific research to develop means of preventing, diagnosing and treating this disease. Unfortunately, nowhere in the world have effective means yet been found of treating this disease, nor is there yet a vaccine which can give reliable protection from its pathogenic organisms. In the circumstances, the Soviet Union, like several other states, does not see at this stage any alternative to the adoption of measures to impede the spread of AIDS viruses. The Decree of the Presidium of the Supreme Soviet of the USSR of 25 August this year on measures for preventing infection with the AIDS virus has come into force and the USSR Ministry of Public Health has approved rules for medical examination to identify infection with AIDS. These organizational measures to control the spread of AIDS, inter alia, through preventing the introduction of this disease into our country.

It is obvious, however, that no rules or instructions will be able to make any country safe against the threat of an epidemic. We should not pin our hopes on defensive tactics; it is necessary to bring together all the potential available in the world today in order to start a global offensive against this problem.

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The Soviet Union highly appreciates the activities of WHO, which has been leading the fight against AIDS. It has taken an active part in elaborating a global strategy for the prevention of this disease and has
made scientific and material contributions to the implementation of the relevant WHO programme.

At the same time, it is our conviction that we should not stop at what we have achieved and that urgent and vigorous action is needed to bring together, on a world scale, the efforts and scientific potential of all countries, of intergovernmental and non-governmental organizations and of public and private funds and foundations, to stop the pandemic from growing in geometrical progression and to save people from this plague of the twentieth century.

While supporting the guiding and coordinating role of WHO in the fight against AIDS, we think it is necessary to make fuller use of its potential to develop routine exchanges of information and practical cooperation among national laboratories in various countries on the problems of research, evaluation of the epidemiological situation and the efficiency of measures to curb the spread of the infection. In fact, what is needed here is the establishment of a world research centre to combat AIDS.

The AIDS pandemic is specific in that it is fraught with potential and critically dangerous social, economic, moral, ethical and other consequences where medicine is, in fact, powerless. That is why it is so important for the problem of AIDS to be discussed regularly, not just at a professional medical level, but also at a political level, and to be adequately monitored by the world community as represented by the United Nations General Assembly, its most broad-based and authoritative body.

The fact that the General Assembly is discussing the problem of AIDS today is, in our opinion, a confirmation of the ability of our Organization to respond directly and intensively to the acute problem of our age, especially those of a global nature. In our opinion, this high forum should instruct the relevant specialized agencies to determine, in keeping with their mandates, their role in the work to implement the global strategy of the prevention of AIDS. Subsequent discussion of the implementation of this strategy at regular intervals, including when necessary at sessions of the United Nations General Assembly, will help ensure adequate coordination of efforts by the world community.

In our opinion, the draft resolution on the problem of AIDS, of which the Soviet Union is a sponsor, contains sound guidelines for a programme of action in this field and is a useful step towards expanding all-round international cooperation on all aspects of the emergency situation which has arisen as a result of the spread of the AIDS infection.
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the improvement of the epidemiological data situation through mandatory - and I stress that - but anonymous reporting by laboratories; and for the improvement of the medical, nursing and psycho-social therapy and care for AIDS victims and persons infected with the human immunodeficiency virus (HIV).

As part of the bilateral cooperation of the Federal Republic of Germany with countries particularly affected by the disease, assistance projects aimed at combating AIDS are given priority support. Such projects focus in particular on the following: epidemiological research as the basis for preventive measures; the training of medical personnel; support for information campaigns; the development of appropriate methods of diagnosing AIDS and of testing blood-bank supplies; and the improvement of the general medical infrastructure in areas threatened by AIDS.

In the draft resolution which the Assembly is discussing today the leading role of the World Health Organization in combating AIDS has rightly been emphasized. My Government fully supports this approach. At the Venice economic summit meeting on 9 June this year Federal Chancellor Helmut Kohl stated that at the international level WHO was the forum best suited for coordinating world-wide efforts to combat AIDS. I wish to express to the Director-General of the World Health Organization our appreciation of his efforts in this field and also to thank him and his collaborators for the excellent presentation by which he briefed the Assembly yesterday. Within the limits of its resources WHO does everything possible to provide personnel and material support. The renewed recognition of leading role that WHO plays in this field will, we hope, help to avoid duplication as far as possible.

The draft resolution furthermore expressly endorses the WHO strategy as contained in resolution WHA 40.26, which was adopted by the fortieth session of the World Health Assembly in Geneva last May. The delegation of the Federal Republic of Germany to the World Health Assembly whole-heartedly endorsed that resolution, and we are happy to say that the public health policy pursued by my Government is fully in line with it.

I would make one more point. In fighting AIDS it is of crucial importance to see to it that the measures taken are not only effective in combating the disease but also, and at the same time, in line with principles of human rights.

I mentioned that in the Federal Republic of Germany a WHO AIDS Cooperation Centre had been established. Let me, in conclusion, state that the Federal Republic of Germany is prepared to continue and further develop, especially through that Centre, the existing excellent cooperation with the World Health Organization and equally with all interested countries on the basis of the WHO Special Programme on AIDS.

Mr. ENDREFFY (Hungary): The socialist countries for which I have the honour to speak - namely, the People’s Republic of Bulgaria, the Byelorussian Soviet Socialist Republic, the Czecho-slovak Socialist Republic, the German Democratic Republic, the Hungarian People’s Republic, the Mongolian People’s Republic, the Polish People’s Republic, the Ukrainian Soviet Socialist Republic and the Union of Soviet Socialist Republics - are fully aware of the fact that the AIDS pandemic presents an international health problem of extraordinary scope and unprecedented urgency. The world-wide epidemic of this disease threatens not only individual countries or regions, but all mankind. Its implications in terms of human suffering, costs of health services and social impact are devastating.

Appreciating the efforts of the World Health Organization (WHO) to combat AIDS, in view of its global dimension, scope and complexity as well as its political, economic and social implications, we join the call for the strengthening of cooperation among all sectors of the international community in order to enable WHO to continue to perform its function of directing and coordinating the urgent and resolve global struggle against AIDS.

A global problem of such magnitude demands a global response. The world-wide emergency created by AIDS requires urgent and vigorous action at the national, regional and global levels to develop epidemiological surveillance and to intensify research on prevention, control, diagnosis and treatment, including social-science research, training of national health-workers and other related areas of prevention, control and research. It is essential, in our view, that business interests should not be the primary motivation in this endeavor.

The countries I am speaking for are committed to global AIDS prevention and control. AIDS is being combated intensively in our respective countries, in accordance with the recommendation of WHO. As an essential contribution to the international effort, our countries are ready to share and disseminate the experience they have gained in this field.

Since it is a fact that AIDS threatens entire societies rather than segments thereof, national and international programmes for and institutional systems of prevention, control and treatment should be non-discriminatory in character and be accessible to all, regardless of social
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status. Our respective countries deem it necessary to ensure that the global strategy for AIDS control is effectively implemented at all levels—national, regional and global—with the involvement of the United Nations and its Secretary General in the coordination of action, for the purpose of containing, progressively reducing and eventually stopping the spread of this infection. We stand ready to consider and support any reasonable proposal aimed at the prevention, control and final elimination of this epidemic from the life of future generations.

Consequently, the countries on whose behalf I have spoken will wholeheartedly support the contents of the draft resolution that was introduced by the representative of Australia.

Mr. FERG (Sweden): On behalf of the five Nordic countries—Denmark, Finland, Iceland, Norway and Sweden—I should like to address myself to the issue of one of the most severe health risks of this century: acquired immune deficiency syndrome, or AIDS.

The world is now facing an AIDS pandemic which affects both developed and developing countries. It has severe consequences not only for public health but also for social and economic development. But, above all, each individual AIDS case is a human tragedy. The AIDS disease is present in all continents of the world and has to be dealt with as a global problem. It is obvious that a concerted international effort is urgently needed if we are to achieve significant results in the fight against AIDS. The fact that we are today addressing the issue in the plenary Assembly is in itself encouraging.

The Nordic countries commend the World Health Organization for its swift and efficient response to this new global health problem. Without delay, the organization pooled its resources of knowledge, skill and dedication to set up a Special Programme on AIDS. But we regret that financial constraints have forced it to rely on voluntary contributions to implement the Special Programme on AIDS.

The Nordic countries fully support the outline for the work of the World Health Organization to combat AIDS and have up till now contributed over $17 million of the total of some $44 million pledged to the Programme. In addition to that, our bilateral assistance related to AIDS is being undertaken in close cooperation with the World Health Organization. There is a strong need for a common strategy and internationally agreed recommendations for practical action as well as for technical assistance in order to develop national action programmes for the prevention and control of AIDS.

This is a question not only of scientific endeavor but also of moral leadership. In taking measures to combat the spread of AIDS, we must

draw on all the solidarity, the humanism and the respect for human rights that we are capable of. We must resist all tendencies at stigmatization of groups, discrimination, social isolation and hostility towards infected fellow human beings.

I should now like to address myself to some specific issues where international cooperation is necessary and to state, in that context, that for various reasons the Nordic countries do not find mandatory testing for human immunodeficiency virus (HIV), either within or between countries, an efficient means in the fight to curb the spread of HIV infection. We fear that such measures might be of little real significance in the fight against AIDS, and that they would instead work against the free international movements which we consider so important. In our opinion, providing information about the risks of HIV transmission is a better way to counteract the spread of the disease. Large-scale information campaigns directed to the general public have to be launched, and, at the same time, information should be directed to different groups of people at risk.

While the work of the World Health Organization is of eminent importance, it must be recognized that AIDS cannot be dealt with solely as a health issue. It is a problem which affects all of society and which consequently reaches far beyond the health sector. The AIDS crisis, as a matter of fact, calls for economic and social measures and a strong political will. Some examples will make this clear:

The fight against illicit drugs must be intensified. If we could curb drug addiction, that would significantly reduce one way of transmitting HIV infection - that is, through contaminated injection needles.

Prostitution is another cause of the spread of the disease, which calls for greater attention and stronger counter-measures.

The protection of children must be enhanced. The disease will leave even more children in the world without parents or other family providers.

A large number of 20 to 40 year olds will die. In addition to human suffering, this will have serious demographic and economic consequences for many countries. The fight against AIDS will thus require enormous resources.

A large number of developing countries affected by AIDS are at the same time engaged in a struggle against economic recession. The debt crisis, for instance, and the ensuing adjustment process have already imposed great constraints on the social expenditures of these countries. The health sector is likely to suffer in emergency budgets, in spite of the growing AIDS problem. We also consider that the goal of
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the international community should be not only to create a strategy but also to assist in the planning and carrying out of national action programmes. This makes the need for concerted international action even more urgent.

Finally, we have a collective responsibility in the fight against AIDS. The disease knows no geographical boundaries and thus has to be fought by coordinated action. Hence the whole United Nations system - and within it specifically the World Health Organization - must be mobilized in the struggle against AIDS. As Member States we must live up to this responsibility through generosity in our financial contributions, through determination in our political will and through international unity in the face of this human disaster.

Mr. KIKUCHI (Japan): At the outset, I should like to thank the Secretary-General, Mr. Perez de Cuellar, as well as Dr. Halldan Møller, Director-General of the World Health Organization, and Dr. Jonathan Mann, Director of the WHO Special Programme on AIDS, for their very informative introductory statements and to wish them every success as they discharge their important new duties.

My delegation would like to make a few remarks on item 12. Acquired immunodeficiency syndrome (AIDS) is a grave threat, arousing concern among people all over the world. The cause of this disease is not yet fully known, and consequently there is no adequate means of treating it. AIDS, which appears to be fatal in every case, could have serious social or even political impact within and across national borders.

As of yesterday, a total of 62,438 AIDS cases had been reported to the World Health Organization by 126 countries all over the world. Although so far the number of patients is limited, it is clear that this dreaded disease is spreading world-wide.

My delegation wishes to stress that AIDS respects no national or geographical boundaries; it is a global issue that the international community must tackle, availing itself of all the intellectual, scientific and medical resources at its disposal. We believe that it will be possible to control the spread of AIDS if we take prompt and appropriate measures before the problem truly explodes.

My delegation reiterates that the fight against AIDS must begin right now, by the entire international community, including the United Nations systems. In order to maximize the effectiveness of this effort, measures should be developed to cope with the disease at various levels and in a concerted manner.

In this regard, my delegation believes that the role of the World Health Organization (WHO), through its Special Programme on AIDS and its global strategy in directing and coordinating the global battle to prevent and control this frightening epidemic, is absolutely crucial. By maximizing the use of all existing mechanisms, WHO must also make every possible effort to promote the exchange of information and research, education and public information on this terrible disease.

My delegation is pleased to note that the United Nations system has initiated action in support of the AIDS-related WHO programmes. My delegation would strongly urge that all appropriate organizations, both governmental and non-governmental, join in the global struggle against AIDS in cooperation with WHO.

Japan welcomed the establishment of regional and national programmes in the past year to combat AIDS around the world, which we believe will be most useful in promoting measures taken by WHO. In this connection, my delegation wishes to draw the attention of Member States to the Joint Conference on an Integrated Strategy for the Control of AIDS and other Human Retroviral Infections and Hepatitis B, which was held in Tokyo at the beginning of this month under the joint auspices of the Government of Japan and WHO for the purpose of sharing the new technology Japan has developed, and also its experience.

Japan found the Conference most useful, especially in implementing those national and regional programmes already in place. In particular, Japan has conducted considerable research and gained substantial experience in efforts to control hepatitis B, which is endemic in Asia, and adult T-cell leukemia, which is also prevalent in several Asian countries. I believe that experience such as ours will contribute to developing ways and means to control this pandemic disease.

In January 1988, the World Summit Meeting of Ministers of Health on Programmes for AIDS Prevention will be held in London, and we believe this will provide great impetus to the international community in its struggle against AIDS.

In Japan, too, AIDS is perceived as a serious international health threat, although the number of cases reported there so far is still under 50.

Establishment of effective and comprehensive measures for the prevention and control of AIDS is a most urgent task in all countries. For this reason, my Government decided last February to establish the Ministerial Committee on AIDS Problems to ensure close communication and coordination among the Government agencies concerned and to promote various measures to combat the disease. At its first meeting,
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the Committee adopted a National Plan for AIDS Control, which identified the following five major areas in which measures will be taken:

First, dissemination of accurate knowledge on AIDS; secondly, strengthening the surveillance system; thirdly, strengthening of primary and secondary prevention measures and of counselling services; fourthly, promotion of international cooperation in research; and, lastly, making appropriate legislative arrangements.

It is essential in the prevention of AIDS that people be provided with the necessary information from both governmental and non-governmental sources and through all available channels in order to minimize the risk of infection. It is also necessary to take all possible measures to prevent secondary infection, such as tracing those persons with whom AIDS patients have had contact.

Furthermore, Member States must cooperate in and work to improve international measures to prevent and control AIDS. In addition, basic and clinical research by laboratories and universities must be encouraged at domestic and international levels.

In the light of the urgency of the question and the great concern of the international community over AIDS, Japan has joined in sponsoring the draft resolution on AIDS which was introduced by the representative of Australia at the beginning of this meeting.

In conclusion, my delegation would like to reaffirm that Japan stands ready to help strengthen efforts by the international community to eradicate AIDS at the earliest possible date. To this end, Japan is considering making voluntary contributions to the activities of WHO in this vitally important area.

Mr. KABANDA (Rwanda) (interpretation from French): The General Assembly is dealing today with one of the problems that is of primary concern to the world community, from Government leaders to the inhabitants of the remotest villages. It is a question no longer of knowing whether acquired immune deficiency syndrome (AIDS) exists or whether it is as dangerous as people say, but rather of trying to discover the true nature of the disease, its causes, its modes of propagation, its effects and its treatment, and of stopping it. The purpose of this debate, in the opinion of the delegation of Rwanda, is to draw the attention of the international community to the gravity of the danger and appeal to all to unite to fight it.

According to official reports and press information, more than 120 countries are affected by this unprecedented misfortune, and it is said that certain regions are more affected than others. Everywhere the alarm has sounded. The issue is the object of countless debates between scientists and research workers, but also among political leaders.

Among the many types of reaction with respect to AIDS, we note in particular the reaction of people who, while convinced of its existence, seek some reassurance by minimizing its effects. In such cases, the necessary efforts are not made to protect themselves or the society. Such a defeatist attitude is rather dangerous. The number of those who refuse to recognize the existence or the pernicious nature of the disease does not prevent its existence or its being what it actually is.

There is also the attitude of those who tend to exaggerate its impact and even to give AIDS a political connotation - an attitude that is, regrettably, widespread, and dangerous for many reasons. Apart from the risk of adversely affecting the interests of certain countries, it can also, without justification, create a bad conscience among certain social sectors and undermine the morale of afflicted persons, who must not be treated as outcasts.

Finally, there is the attitude of those who, while recognizing the destructive and deadly nature of the AIDS virus, seek the most appropriate treatment for its victims and ways and means of halting the spread of the disease. That attitude, which is shared by many of our Governments, deserves to be supported and encouraged.

Given the speed with which the disease is spread all over the world, it is a question no longer of seeking to attribute its origin to certain countries, regions or social minorities, but rather of uniting in our search for means of controlling it. Cooperation among Governments, scientists and agents of medical and social action is indispensable if we are to eliminate this scourge at the national, subregional, regional and world levels. In other words, the struggle must be continuing and general, though waged with calm and discernment, if we are to arrive at just and appropriate solutions.

I am in no way a scientist, and certainly not an expert on AIDS. However, I have the impression that in so sensitive an area as man's physical, social and moral health, not all working hypotheses are necessarily good or worthy of encouragement. Thus, the Assembly will understand how dangerous it would be, with regard to the geographical origin of AIDS or its main breeding ground, to single out certain regions, countries or social sectors, and, above all, to apply techniques or products whose effectiveness had not been scientifically or clinically proved.

With regard to AIDS, as in all areas relating to public health, we must of course rely on human wisdom, but also on the vigilance of Governments and the World Health Organization to which I pay a
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tribute for its preventive action and its efforts to increase public awareness and control the disease.

It would appear that at the present stage the best thing to do is to keep the public informed and alert it to the situation. That information must reach everyone since, given the nature of the syndrome, all categories of the world community are in practice vulnerable.

The Government of Rwanda does not seek to minimize, much less conceal, the evils of AIDS. The disease exists. It is real. But it must be eliminated through the combined efforts of all, for the health of our people is at stake.

Incidentally, this is what was said recently with respect to AIDS by our Head of State, His Excellency President Juvenal Habyarimana, at a meeting with officials of the Central Government:

"Not being an expert on this disease, but nevertheless sufficiently well informed of its potentially deadly nature, I am duty-bound to draw the attention of those responsible for public health on the moral and technical responsibilities incumbent upon them in respect of public health.

A false sense of modesty should not prevent them from doing their work. That work consists, first of all, in placing at the disposal of the public objective and sober, but widely disseminated, information on the kind of disease this is, on the dangers of catching it and on the effective means of protecting ourselves against it. This is the best way to meet the challenge, as well as the expectations of the population, above all of women and mothers who, worried about their children and concerned for themselves, have the right to know, the right to demand that they be given the means of fighting against that disease which, unless we are careful, can become a new scourge or plague.

Next, a vast project is needed to encourage research and the publication of scientific findings so that the disease becomes better known and that research will help in finding solutions and treatments in the best interests of our country and those of all countries in the region... and of the international community.

This will be our contribution to the solution of a problem which is of concern to health authorities throughout the world. We owe it to our tradition and to our dignity."

In Rwanda, a national program to combat AIDS, which falls squarely within the global strategy and adopted by the World Health Organization, is under way. On behalf of the Government and the people of Rwanda I should like to take this opportunity to pay a sincere tribute to friendly countries and to intergovernmental and non-governmental organizations for the invaluable material, technical and financial contributions they are making to the National Commission on AIDS, which operates under the supervision of the Ministry of Public Health and Social Affairs.

The debate that began yesterday on the question of AIDS will have proved to be beneficial in many respects. It will have enabled the General Assembly to assess the scope of this unprecedented scourge in the medical history of mankind; it will have made it possible to arrive at the conclusion that it is necessary to pursue investigative work on AIDS in research and also to undertake resolute and comprehensive action at the State level. In this area, the authorized technical coordinating role falls to the World Health Organization, to which we once again renew our appreciation and extend our good wishes for success.

AIDS has been added to a number of other diseases which have claimed and are still claiming victims in the third world, especially in Africa. We hope that the fight against measles, malaria, poliomyelitis, diphtheria, tetanus and tuberculosis, among other endemic diseases, will not lose momentum either now or in the coming years. Here, too, we are counting on the active solidarity of the international community, especially action by the World Health Organization.

Mr. ST-PHARO (Haiti) (interpretation from French): Mr. President, since this is the first time my delegation has spoken at this session in plenary meeting, I should like to take this opportunity to extend heartfelt congratulations on your election to this highly responsible post of our Organization. We also wish to assure you of our support for your commendable efforts and those of your colleagues in the Bureau, to whom we also extend good wishes.

Previous speakers have gone into detail about many crucial aspects of the AIDS scourge, which authorities on the subject agree is of alarming proportions and has reached pandemic dimensions. We in the United Nations must meet the challenge inherent in our status as the last bastion against the superstitions and in-bred prejudices which still persist so abundantly within the collective subconscious. Some societies, in other respects advanced, are increasingly manifesting attitudes and behaviour which are in psychoanalytical terms clearly regressive, just like the ancients who used to hunt down and kill the victims of certain diseases. Need I recall here the prescriptions and proscriptions of Leviticus with regard to so-called leprosy of biblical times, before the conquest of Canaan? Or the grim fate reserved for those stricken by "the sacred disease," even in the last and extremely painful phase of the
tribute for its preventive action and its efforts to increase public awareness and control the disease.

It would appear that at the present stage the best thing to do is to keep the public informed and alert it to the situation. That information must reach everyone since, given the nature of the syndrome, all categories of the world community are in practice vulnerable.

The Government of Rwanda does not seek to minimize, much less conceal, the evils of AIDS. The disease exists. It is real. But it must be eliminated through the combined efforts of all, for the health of our people is at stake.

Incidentally, this is what was said recently with respect to AIDS by our Head of State, His Excellency President Juvenal Habyarimana, at a meeting with officials of the Central Government:

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status epilepticus? Or the barbarous treatment meted out to the victims of the “grand hysteria” of Jean-Martin Charcot? That barbarity is still remembered by those of us who find these “Salem witch hunts” curiously reminiscent of the fanaticism recently shown by certain pseudo-scientists who included the fact of being Haitian among the risk factors for AIDS, thus exploiting the latent trends of a certain Zeitgeist. Is this scientism perhaps subconscious racism on the part of certain Western researchers? One can only wonder.

To the charlatan, the head of a well-known centre, who so unfairly sullied the good name of Haiti, this is what we have to say, in the words of a great Hellenist: “You have done much harm to others.”

(spoke in English)

As to his name, I shall choose to keep it silent, for self-evident reasons.

In any case recent data shedding light on the etiopathogenesis of the disease should have dissipated the welter of ignorance and bad faith. However, enlightened sympathy leads me to say: “non solum oblivioso injuriarum, sed etiam memini beneficiarum,” that is, not only do I forget the ills done to our country but I also recall the benefits to come. It is wise to recall that certain prejudices die hard and yield to verifiable facts only with difficulty.

At the ministry of Mrs. Barzac, Ministry of Health in France, I came across a proposal by Doctors of the World for a possible universal declaration of the rights of AIDS victims. This apparently forms part of the records of a symposium held in Paris. I wish to include some elements of it in this statement, even if I do so in an impromptu manner. The 10 imperative rules in the text are as follows.

First, in medicine and in law, AIDS is a disease, like any other.

Second, those infected by the virus come under the protection of common law. No exceptions can be made to this.

Third, the health care provided for those infected should be given without any restriction whatsoever, in accordance with the laws of the country.

Fourth, no one is entitled to restrict the freedom or rights of persons infected by the virus, no matter what their race, nationality, sex or religion.

Fifth, any reference to this disease, present or future, without the consent of the person infected by the virus must be regarded as wrong and punished under applicable laws.

Sixth, any action with discriminatory motives that would have the effect of denying those infected by the virus employment, housing or insurance or of restricting their participation in collective activities, such as in school or in the army, should be punished.

Seventh, blood transfusions, blood-taking and injections should as far as possible be guaranteed to be harmless.

Eighth, in no case shall procedures to trace a virus be undertaken without the knowledge of the person concerned.

Ninth, all examinations deemed necessary to trace the disease must be carried out with respect for anonymity and confidentiality.

Tenth, the medical confidentiality between doctors and between doctor and patient must be strictly preserved, especially with regard to those who work in public service. There should be no exceptions to this rule, whatever the exigencies of modern medical technologies. The data collected by doctors should serve only medical purposes. Any departure from this moral code should be punished.

This is not necessarily the official position of the Government of France or that of the Republic of Haiti, but I propose this as a text to be considered by delegations and in particular by the group of Dr. Mahler and Dr. Mann, which has been giving so much serious consideration to this pandemic that threatens to engulf us all.

The key elements of the policy of the World Health Organization, which are amply reflected in our national public health policy, are upheld in the draft resolution now before the General Assembly for consideration and adoption. For that reason my delegation is pleased to associate itself with the delegation of Australia in co-sponsoring the draft resolution concerning research, prevention and the mobilization of the necessary means to combat this scourge of our age.

The draft resolution is generous in spirit and its conceptual framework is immense. That framework conforms fully with the views of Professor George Engel of the University of Rochester, who feels that this disease should be regarded as a bio-psycho-social reality. Moreover, the outline of a programme that might emerge from this - because it suggests that we take into consideration all personal health factors, in the manner of Paul Tournier - permits the realistic hope that we shall manage to establish the necessary pre-conditions for an effective campaign based on scientific information that is above any suspicion, that is to say, universally reliable, and conducted with the utmost vigor for the benefit of all without exception. Vamos con la lucha, con vigor, con fuego, hasta el fin del mundo.

The PRESIDENT (interpretation from French): We have heard the last speaker in the discussion of this subject. I now call on the representative of Madagascar, who wishes to introduce the amendments
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The PRESIDENT (interpretation from French): We have heard the last speaker in the discussion of this subject. I now call on the representative of Madagascar, who wishes to introduce the amendments

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not be bad provided that the respective competencies are recognized. The African States are not opposed to the idea of the General Assembly, in turn, taking a decision on the matter, but in so doing the Assembly is duty-bound to support WHO initiatives; to congratulate WHO on its efforts at world, regional and national levels; to invite States to direct their actions according to WHO's World Strategy; and also to invite the bodies of the United Nations system, bilateral and multilateral institutions, non-governmental organizations and benevolent institutions to co-operate with the WHO.

It is unnecessary to repeat here that co-ordination within the United Nations system is carried out according to well-established rules within a clearly defined framework and that the Economic and Social Council will remain seized of the question inasmuch as WHO must report to it. In the same context, we see no need for the Director-General to report to the General Assembly since he must report to the World Health Assembly and, possibly, to the Executive Board of WHO. In addition, it is always possible for a State or group of States to draw the attention of the General Assembly to a particular aspect of the report which might call for action on our part by reason of its specific character.

We do not think that it is the intention of the General Assembly, regardless of the complexity of the problems raised by AIDS, to try to substitute itself for the World Health Assembly or even to exercise control a posteriori. At present it is the fight against AIDS that has priority. All other considerations have their relevance to the extent that they militate in favour of reinforcing that struggle but they must not make us forget that priority or be used to justify unilateral or hasty measures on which agreement has not yet been reached.

Those are the reasons that have prompted a considerable number of African States members of the African Group to propose the amendments in document A/42/L.9. Those amendments do not reject the main proposals in draft resolutions A/42/L.7 which deal directly with the prevention and control of AIDS. They are inspired by the principles to which we are attached. They seek to safeguard a certain harmonization of what is to be decided by the General Assembly and what has already been done by the Economic and Social Council which, under Article 63 of the Charter

"may coordinate the activities of the specialized agencies through consultation with and recommendations to such agencies and through recommendations to the General Assembly and to the Members of the United Nations."
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"may coordinate the activities of the specialized agencies through consultation with and recommendations to such agencies and through recommendations to the General Assembly and to the Members of the United Nations."
Be that as it may, we are open to consultation - some of which has already been initiated - being convinced that the world public, whose awareness we wish to heighten, although without exaggeration, realizes that, over and above differences in approach, when we speak of AIDS we speak the same language whether it be in the World Health Assembly, the World Health Organization, the Economic and Social Council or the General Assembly.

We sincerely hope that the General Assembly will reach a consensus as soon as possible.

The PRESIDENT (interpretation from Russian): I have to inform members that the Assembly will take a decision on draft resolution A/42/L.7 and the amendment thereto (A/42/L.9) at a later date to be announced in the Journal.

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The meeting was called to order at 3.20 p.m.

AGENDA ITEM 12 (continued)

REPORT OF THE ECONOMIC AND SOCIAL COUNCIL

(a) REPORT OF THE COUNCIL (chapter VI, section C) (A/42/3)

(i) DRAFT RESOLUTION (A/42/L.7/Rev.1)

(ii) AMENDMENTS (A/42/L.9)

The PRESIDENT (interpretation from Russian): The Assembly has before it draft resolution A/42/L.7/Rev.1, which is the result of consultations. In view of the agreement reached on the draft resolution, the sponsor of the amendments in A/42/L.9 has indicated that he does not wish to press them to a vote.

I call upon the representative of Australia to introduce draft resolution A/42/L.7/Rev.1. Mr. WOOLCOTT (Australia): During the debate in the plenary Assembly last week on AIDS (acquired immune deficiency syndrome) pandemic, my delegation introduced, on behalf of a large number of co-sponsors, draft resolution A/42/L.7, on the prevention and control of AIDS.

Since then, a series of further informal negotiations on that text have been held in order to respond to the specific suggestions of a number of delegations. Those negotiations culminated in a meeting presided over by Ambassador de Matos Proenca, the Permanent Representative of Portugal and Vice-President of the Assembly. At that meeting, a consensus agreement was reached on a revised text, which is now before the Assembly in document A/42/L.7/Rev.1. I have been asked to announce that Rwanda has joined the sponsors listed on the revised draft resolution.

The fact that delegations were able to agree so rapidly on a consensus text reflects the flexibility and goodwill shown by all parties on this vital issue. In this context, I would like in particular to mention the extremely constructive role played by my friend the current Chairman of the Group of African States, Ambassador Blaise Rabetiaka of Madagascar.

In presenting this revised text I wish also to pay a tribute to the chairmanship of Ambassador de Matos Proenca. It was largely through his patience and skill that negotiations were able to produce this consensus text on this very important matter of global significance currently before the Assembly. I would like to thank him not only on behalf of the Australian delegation but on behalf of all members of the Assembly, who, I am confident, will join in the consensus adoption of the revised text.

The PRESIDENT (interpretation from Russian): The Assembly will now take a decision on draft resolution A/42/L.7/Rev.1, "Prevention and control of acquired immune deficiency syndrome (AIDS)."

May I take it that the General Assembly adopts the draft resolution? Draft resolution A/42/L.7/Rev.1 was adopted (resolution 42/8).

The PRESIDENT (interpretation from Russian): I consider that the Assembly's adoption of resolution 42/8, "Prevention and control of acquired immune deficiency syndrome (AIDS)," to be a sign of the international community's preparedness to cooperate in combatting a new threat to the attainment of health by all.

I wish to thank the co-sponsors of the resolution and the delegations that took part in the consultations for their efforts, which enabled the General Assembly to adopt this important and timely resolution without a vote. At the same time, I regard this outcome of our work as an expression of our determination to cooperate in the same spirit when tackling the other global problems facing mankind.

This concludes our consideration of the global strategy for the prevention and control of AIDS.
Be that as it may, we are open to consultation - some of which has already been initiated - being convinced that the world public, whose awareness we wish to heighten, although without exaggeration, realizes that, over and above differences in approach, when we speak of AIDS we speak the same language whether it be in the World Health Assembly, the World Health Organization, the Economic and Social Council or the General Assembly.

We sincerely hope that the General Assembly will reach a consensus as soon as possible.

The PRESIDENT (interpretation from Russian): I have to inform members that the Assembly will take a decision on draft resolution A/42/L.7 and the amendment thereto (A/42/L.9) at a later date to be announced in the Journal.

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The meeting was called to order at 3.20 p.m.
AGENDA ITEM 12 (continued)
REPORT OF THE ECONOMIC AND SOCIAL COUNCIL
(a) REPORT OF THE COUNCIL (chapter VI, section C) (A/42/3)
(i) DRAFT RESOLUTION (A/42/L.7/Rev.1)
(ii) AMENDMENTS (A/42/L.9)

The PRESIDENT (interpretation from Russian): The Assembly has before it draft resolution A/42/L.7/Rev.1, which is the result of consultations. In view of the agreement reached on the draft resolution, the sponsor of the amendments in A/42/L.9 has indicated that he does not wish to press them to a vote.

I call upon the representative of Australia to introduce draft resolution A/42/L.7/Rev.1.

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Since then, a series of further informal negotiations on that text have been held in order to respond to the specific suggestions of a number of delegations. Those negotiations culminated in a meeting presided over by Ambassador de Matos Procena, the Permanent Representative of Portugal and Vice-President of the Assembly. At that meeting, a consensus agreement was reached on a revised text, which is now before the Assembly in document A/42/L.7/Rev.1. I have been asked to announce that Rwanda has joined the sponsors listed on the revised draft resolution.

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The PRESIDENT (interpretation from Russian): The Assembly will now take a decision on draft resolution A/42/L.7/Rev.1, “Prevention and control of acquired immune deficiency syndrome (AIDS).” May I take it that the General Assembly adopts the draft resolution? Draft resolution A/42/L.7/Rev.1 was adopted (resolution 42/8).

The PRESIDENT (interpretation from Russian): I consider that the Assembly’s adoption of resolution 42/8, “Prevention and control of acquired immune deficiency syndrome (AIDS),” to be a sign of the international community’s preparedness to cooperate in combating a new threat to the attainment of health by all.

I wish to thank the co-sponsors of the resolution and the delegations that took part in the consultations for their efforts, which enabled the General Assembly to adopt this important and timely resolution without a vote. At the same time, I regard this outcome of our work as an expression of our determination to cooperate in the same spirit when tackling the other global problems facing mankind.

This concludes our consideration of the global strategy for the prevention and control of AIDS.

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APPENDIX F

Forty-second session
Agenda item 12

RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY
[without reference to a Main Committee (A/42/L.7/Rev.1)]

42.8. Prevention and control of acquired immune deficiency syndrome (AIDS)

The General Assembly,
Deeply concerned that acquired immune deficiency syndrome (AIDS), caused by one or more naturally occurring retroviruses of undetermined origin, has assumed pandemic proportions affecting all regions of the world and represents a threat to the attainment of health for all,
Having considered World Health Assembly resolution WHA40.26 of 15 May 1987 on the Global Strategy for the prevention and control of AIDS and Economic and Social Council resolution 1987/75 of 8 July 1987 on the prevention and control of AIDS,
Recognizing the established leadership and the essential global directing and coordinating role of the World Health Organization in AIDS prevention, control and education, and related research and public information and, in this context, the vital importance of the World Health Organization Special Programme on AIDS,
1. Commends the World Health Organization for its efforts towards global AIDS prevention and control and, in particular, for its support for national AIDS programmes and regional activities, including the meeting of Ministers of Asian and Pacific Governments at Sydney, and the forthcoming World Summit of Ministers of Health on Programmes for AIDS prevention to be held in London;
2. Confirms that the World Health Organization should continue to direct and coordinate the urgent global battle against AIDS;
3. Commends those Governments which have initiated action to establish national programmes for the prevention and control of AIDS in line with the Global Strategy of the World Health Organization, and urges other Governments to take similar action;
4. Calls upon all States, in addressing the AIDS problem, to take into account the legitimate concerns of other countries and the interests of inter-State relations;
5. Invites the World Health Organization to facilitate the exchange of information on and promotion of national and international research for the prevention and control of AIDS through the further development of Collaborating Centres of the World Health Organization and similar existing mechanisms;
6. Requests the Secretary-General, in view of all aspects of the problem, to ensure, in close cooperation with the Director-General of the World Health Organization and through the appropriate existing mechanisms, a coordinated response by the United Nations system to the AIDS pandemic, and urges all appropriate organizations of the United Nations system, including the specialized agencies, bilateral and multilateral agencies and non-governmental and voluntary organizations, in conformity with the Global Strategy, to support the worldwide struggle against AIDS;
7. Invites the Director-General of the World Health Organization to report to the General Assembly at its forty-third session, through the Economic and Social Council, on new developments in the global AIDS pandemic, and requests the Economic and Social Council to consider the report in accordance with its mandate.

4th plenary meeting
26 October 1987

APPENDIX F

Forty-second session
Agenda item 12
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[without reference to a Main Committee (A/42/L.7/Rev.1)]

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Having considered World Health Assembly resolution WHA40.26 of 15 May 1987 on the Global Strategy for the prevention and control of AIDS and Economic and Social Council resolution 1987/75 of 3 July 1987 on the prevention and control of AIDS,

Recognizing the established leadership and the essential global directing and coordinating role of the World Health Organization in AIDS prevention, control and education, and related research and public information and, in this context, the vital importance of the World Health Organization Special Programme on AIDS,

1. Commends the World Health Organization for its efforts towards global AIDS prevention and control and, in particular, for its support for national AIDS programmes and regional activities, including the meeting of Ministers of Asian and Pacific Governments at Sydney, and the forthcoming World Summit of Ministers of Health on Programmes for AIDS prevention to be held in London;

2. Confirms that the World Health Organization should continue to direct and coordinate the urgent global battle against AIDS;

3. Commends those Governments which have initiated action to establish national programmes for the prevention and control of AIDS in line with the Global Strategy of the World Health Organization, and urges other Governments to take similar action;

4. Calls upon all States, in addressing the AIDS problem, to take into account the legitimate concerns of other countries and the interests of inter-State relations;

5. Invites the World Health Organization to facilitate the exchange of information on and promotion of national and international research for the prevention and control of AIDS through the further development of Collaborating Centres of the World Health Organization and similar existing mechanisms;

6. Requests the Secretary-General, in view of all aspects of the problem, to ensure, in close cooperation with the Director-General of the World Health Organization and through the appropriate existing mechanisms, a coordinated response by the United Nations system to the AIDS pandemic, and urges all appropriate organizations of the United Nations system, including the specialized agencies, bilateral and multilateral agencies and non-governmental and voluntary organizations, in conformity with the Global Strategy, to support the worldwide struggle against AIDS;

7. Invites the Director-General of the World Health Organization to report to the General Assembly at its forty-third session, through the Economic and Social Council, on new developments in the global AIDS pandemic, and requests the Economic and Social Council to consider the report in accordance with its mandate.

48th plenary meeting
26 October 1987