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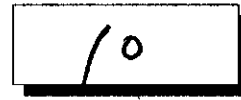
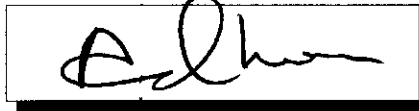
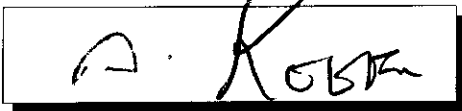
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Press Release

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H/2519
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7 September 1978

U.S. SENATOR EDWARD KENNEDY, ADDRESSING WHO/UNICEF PRIMARY HEALTH CARE CONFERENCE,
CALLS FOR ACTION TO AVERT MILLIONS OF NEEDLESS DEATHS

(Received from an Information Officer attending the Conference in Alma Ata.)

Senator Edward Kennedy of the United States yesterday, 6 September, called on world leaders to commit themselves to concerted national action that would ensure primary health care for all and avert millions of needless deaths each year. He was addressing the International Conference on Primary Health Care, sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), at Alma Ata, Soviet Union.

Mr. Kennedy urged nations to realize that the massive problems of health care could be tackled if they had the vision and the will to no longer tolerate "this enormous human tragedy".

"It is no longer unthinkable to give every child a fair start in life and promise longer, happier lives to people of developing nations", he said. The Alma Ata Conference could give the world the message that the challenge could be met.

Mr. Kennedy's special address climaxed the opening day of the 140-nation Conference, which began six-day deliberations to focus world attention on the need to ensure basic health services to all the world's people. He is in Alma Ata as a guest of the Soviet Government.

Hailing the Alma Ata Conference as a unique event because it had brought diverse nations together to discuss a basic human right -- the right to health -- Mr. Kennedy condemned the persistent toll taken by disease and lack of health care as "an outrage". More than fifteen and a half million children aged under five will die this year; more than 15 million of them would be from developing countries, he said.

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Behind these statistics were the faces of millions of people "dying of diseases we can treat or prevent entirely". The world would not tolerate a fraction of this death toll if it occurred during a war. The size of the health problem generated a feeling of hopelessness, and nations needed the vision to use available simple approaches to solve the problem. The human tragedy called for action, not despair, he said.

He called upon nations to help realize the WHO goal of immunizing all children against disease in the next decade. This would give meaning to the coming International Year of the Child (IYC).

Earlier, the Conference opened with a call to all nations to make primary health care for all people a cornerstone of socio-economic development policy. Highlighting the failure of existing health services to reach rural populations and the urban poor, keynote statements by the heads of WHO and UNICEF and the Soviet Health Minister, Boris Petrovsky, sought a firm commitment from Governments to review their health policies and remedy this situation.

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from the office of

*Senator Edward M. Kennedy
of Massachusetts*

SPEECH AT THE WORLD HEALTH ORGANIZATION
CONFERENCE ON PRIMARY CARE
ALMA ATA, SOVIET UNION

For release: September 6, 1979

"Health for all by the year 2000." That is the truly noble goal set for all nations by the World Health Organization.

I believe that this conference will bring that goal closer to the people of the world. For this is a unique event--nations have been brought together not to discuss high technology, not to discuss bricks and mortar, not to discuss technical ideas--but rather to discuss a basic human right--the right of every man, woman and child to health care. The struggle to achieve that right is one that all nations, developed and developing, are engaged in, and all have a common interest in achieving.

This is the first special international health conference that W.H.O. has sponsored. Together with the United Nations Childrens Fund they have chosen wisely. For this conference symbolizes in a very important way, a new and common understanding that primary care is the vehicle to achieve health as a matter of right for every person in the world.

Here in Alma Ata governments of every philosophy are united by the common purpose of realizing that right for all people. This concern and cooperation among nations is a model of what is best in us and is an example we can be proud to follow in all our interactions with one another.

I particularly want to express my gratitude to Dr. Halfdan Mahler, Director General of the World Health Organization, and Henry R. Labouisse the Executive Director of the United Nations Childrens Fund for taking the leadership in organizing this conference. I also want to acknowledge the exceptional work done by Dr. Tejada and Dr. Tarimo of the World Health Organization in putting the details of this conference together.

It is 15 months since I had the honor of addressing the medical society of the World Health Organization in Geneva. At that time I spoke of the shadow cast over all nations by our global inability to deal with the serious challenge of caring for the poor and the sick, the destitute, the downtrodden of the world, the helpless victims whose cries fall on deaf ears. Since that time I have asked myself countless times why it has been so difficult to arouse the people of America to action. Surely they are moved by the magnitude of the problem. No mother can see what is happening to children in many parts of the world without feeling the injustice of it, the inhumanity of it, the outrage of it. 15.6 million children under five years of age will die this year. 15.1 million of these children will be in developing nations. What parent does not understand the horror of that fact?

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There are statistics describing the plight of every age group in developing nations. But what is a statistic to some is a face to others. And behind these statistics are the faces of millions of people suffering from symptoms we can alleviate, dying from diseases we can treat, developing diseases we can prevent entirely.

We would not tolerate wars that take the toll that preventable diseases take each year in developing nations. We would not stand by if nations slaughtered a fraction of the people who are killed each year by treatable diseases. We would call it a moral outrage and at least engage in a vigorous national debate over what to do. Is it not equally immoral to stand by while treatable and preventable diseases continue to take millions of lives, year after year after year.

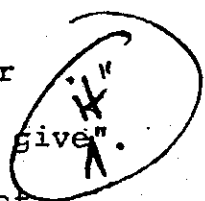
Why do we tolerate this enormous tragedy -- and allow 1/4 of the people on this earth -- 1 billion men, women and children -- to continue to have no access to any health care whatever; and continue to allow millions and millions of these people to die terrible deaths each year from diseases that hold no mystery for modern medicine?

Why have the news media, so ready to report wars and individual tragedies allowed this crisis to remain a silent one? It seldom intrudes into our living rooms or on our television screens.

I think the answer lies in the very enormity of the problem and the seemingless nature of it. The statistics are too overwhelming to grasp. One can't relate to them unless one can see a glimmer of hope, a way to really make progress, a way to reduce the suffering in measurable terms. I believe what we have been lacking is a vision -- a vision that the problem is divisible into actionable parts; a vision that simple approaches, uncomplicated solutions can in fact work and impact on people's lives; a vision that the means exist to win the struggle at some defineable point, no matter how far in the future. In short we need a vision that will make our people believe that individual people and individual companies and individual nations can make a difference. If we can dispel the sense of hopelessness; if we can dispel the sense of despair, we can arouse our people, our industries and our nations to action. Without the vision that it can be done there will never be the will to do it.

So the real test is one of leadership -- leadership that not only challenges but shows the way to meet the challenge; leadership that not only describes the problem, but shows that it is possible to solve it.

I believe that the World Health Organization has that vision. Conferences like this one can help refine it and serve as a forum to communicate it to the nations of the world. I hope that the message that goes out from this conference is that "it can be done": we can get health for all by the year 2000; we can reach out to the children of the world and offer them better, longer, happier lives. As the Bengali poet Tagore wrote, "Life is given to us, we earn it by helping to give".



Why do I have this confidence? -- In part because of what has already been accomplished; in part because the answer lies not in new technology or new research breakthroughs but in the application and delivery of what is already known. This is, in and of itself, a difficult task. But whether we succeed or fail now depends on our ability to organize people in each country to develop their own structure to meet their own needs.

In 1966, 41 countries reported smallpox cases. It was endemic in 32 countries and as many as 4 million people contracted the disease each year. 1 million of these men, women and children died. Others became blind. Yet today smallpox is virtually eliminated from the face of the earth. A seemingly hopeless problem has been solved. A dreaded disease is eliminated. The control and virtual eradication of smallpox is one of the

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greatest achievements of the World Health Organization--it had the vision that it could be done; it communicated that vision; and sensing that it was within their grasp, the nations of the world responded with the will to get the job done. Thousands of people participated in the special health networks centered around the world for this purpose.

The techniques used to eradicate smallpox are known: they are simple: they can be applied to other diseases. They include surveillance and vaccination. Look what other diseases we can control with these and other already proven techniques:

--There are 72 million cases of measles each year in the world and 1.2 million children will die of the disease this year.

--There are 800,000 cases of tetanus each year. 600,000 people, most of them children, will die from it this year.

--200,000 children will die of polio, and 1.5 million people suffer from this dread disease.

--8 million children will be stricken with whooping cough this year and 300,000 of them will die.

Measles, tetanus, whooping cough, polio--we have vaccines for all of them. The smallpox success story can be repeated through immunization programs.

The Center for Disease Control estimates that 2.6 million children die each year from immunizable diseases. It is an enormous human tragedy. But it does not call for despair. It calls for action. Next year is the International Year of the Child. There can be no more meaningful accomplishment on behalf of the children of the world than to realize the World Health Organization's goal of immunizing all the children of every nation by 1970. It is a goal we can must achieve. Today, in 42 developing nations, the immunization rate for polio is 8%, DPT 7% and measles 7%. So there is a long way to go. But we know the way.

There are other, simple technologies that can have enormous impact. Gastroenteritis kills as many as 18 million people each year. Fully half of these deaths could be prevented by improving the water supply. Cholera research has already shown that the use of proper rehydration fluids in treating gastroenteritis can save millions and millions of lives. There is no mystery here. We have an answer. It works. It lends itself to the most elementary primary care structure. It is a matter of developing the structure, getting the packaged fluids to every village. We reached every village in the smallpox drive. We can reach them with the rehydration fluids as well. But the challenge is to build the primary care network.

There are some who say we are overselling the idea of simple solutions for overwhelming problems. I say we haven't given the solutions a chance to work. If communicable diseases, malnutrition and overpopulation are the three major elements contributing to the health crisis in developing nations, then a strategy based on surveillance, immunization, oral rehydration, antibiotic therapy, improved water supplies, child spacing and protein and vitamin supplements makes sense. By any modern medical standards these are simple technologies. That is not to say that the task of bringing them to every small village will be easy. It is not. But it does give us a realistic vision that the problem is soluble. It challenges us to have the will to make it happen--to develop primary care structures suited to the needs of each individual country, through which

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these solutions can be applied.

Is it worth the effort? The Center For Disease Control, extrapolating from data developed in Bangladesh, estimates that half of the deaths of children under five years of age--that is 7.5 million child deaths each year--could be prevented by these very simple techniques. It would be a moral outrage not to make the effort. My brother Robert Kennedy liked to quote these lines written by Albert Camus: "Perhaps we cannot prevent this world from being a world in which children are tortured. But we can reduce the number of tortured children and if you don't help us, who else in the world can help us do this?"

There are 40 million blind people in the world. In some developing nations 4% of the population is blinded by diseases that are largely preventable or easily curable. Simple techniques of administering vitamin A tablets, improving personal hygiene, making antibiotic eye ointments available-- can prevent or cure as many as 25 million of these cases each year. Is it worth the effort to restore sight to children, or to prevent them from going blind? We can do it through primary health care networks. It is complicated. It is difficult. But it is doable. Do we have the will?

Sometimes it is hard to sustain the will. Sometimes the problems seem insurmountable. There is an eastern Mediterranean country with 17 million people where there are 23,000 separate villages-- some not accessible by roads--; 2.5 million nomads; 1/3 of the children dying before age 5; an adult literacy rate of less than 12%; and a per capita annual income of \$100. To some the goal of delivering primary health care to these people seems hopeless. But that country has just begun a major effort to build a primary care structure on what they have. They are training village health workers, birth attendants, female health workers, nomad health workers. It is a new effort. It is not an effort to import someone else's way of doing business. And that country, and all of us, can take heart from the fact that this type of approach is working elsewhere--that it does make a difference. The people of three tropical countries, which once had overwhelming problems--Sri Lanka, Costa Rica, and Jamaica-- now have longer life expectancies than the people of Washington D.C. Haiti has dramatically reduced the incidence of tetanus. A model primary care center outside of Bombay, India has significantly reduced infant mortality from 67 per 1000 in 1974 to 23 per 1000 in 1977. Neonatal mortality has been reduced from 42 per 1000 in 1974 to 21 per 1000 in 1977. This primary care project has employed the solutions we have already discussed-- Rehydration, Immunization, Vitamin A supplementation, Use of local personnel, Health Education, School Health Programs, Disease surveillance and Family Planning.

There are many individual success stories. They show us what can be done. They show us that to be successful each nation must build on its own strengths. Simple technologies may be transferable from one country to another. But the primary care network for delivering them to the people are not--they must be tailored to the individual country.

What then is the role of developed nations in helping this process? When we met at Geneva I outlined what I thought the United States could do. I'd like to give you a progress report

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