AIDS Lecture October 22, 1987
13/4

Business Briefing – AIDS in the Workplace
By
C. Everett Koop, M.D., Sc.D.
Surgeon General
Of the
U.S. Public Health Service
U.S. Department of Health and Human Services

Presented to AMFAR Meeting of
Chairmen and Chief Executive Officers
Of Major U.S. Corporations

Washington, DC
October 22, 1987

This lecture was given on the same day that I appeared before the Committee on Education and Labor Subcommittee on Select Education of the House of Representatives.

This was an excellent venue for a speech on AIDS. It was brought together by AMFAR – the American Foundation for AIDS Research – and was intended to be heard by the Chairmen and Chief Executive Officers of major U.S. corporations gathered in Washington for that purpose. I began by thanking Dr. Mathilde Krim and Dr. Mervyn Silverman of the American Foundation for AIDS Research for the opportunity of meeting with the leadership concerning issues surrounding AIDS and the workplace. Inasmuch as Dr. Krim would speak after I did on the major epidemiological, financial, research, and service delivery implications of AIDS, I said I would confine my remarks to the specifics concerning the way in which those present and I working together could provide the necessary leadership to stem the tide of AIDS.

This made it possible to refer to the fact that 20 months before I had felt the need to involve the business sector and when I drafted the Surgeon General's Report on AIDS, I consulted with the Washington Business Group on Health as the health representatives of the fortune 500 companies in Washington, DC. They brought representatives from the Dayton-Hudson Department store chain who emphasized the need for a company to begin the employee education process <u>before</u> it had its first case of AIDS or HIV positivity. That was good news, because it emphasized the need for businesses to treat AIDS exactly as they would any other chronic disease.

I then launched into a consideration of public policies for the consideration of that audience. In addition, I emphasized the lack of risk. I reiterated the method of transmission and especially the ways the virus could not be passed.

Once again, I had the privilege of saying that we were fighting a disease and not the people who had it. Indeed, we were fighting a virus that had novel biophysical characteristics and requirements – we were not at war with a lifestyle and I decried that some members of the public generally mistake a given lifestyle as being – itself – the cause of AIDS. Nine out of ten victims of AIDS at the time of this lecture was given were homosexuals, bisexuals men, and intravenous drug abusers. It's not an exclusive club.

The statistics on heterosexual's prevalence was mentioned (4 per cent) and I reiterated that to prevent AIDS deaths, we needed enlightened managers to take action and set the example for being fair and objective and not succumbing to hysteria. I translated this into terms that such an audience would understand -- their failure to get the AIDS prevention message across would be measured in the loss of productive members of the workforce and in higher health care costs. Since last reporting in a previous lecture that the costs of treating an AIDS patient was 20,000 a year, the estimated costs at the time of this lecture was that an AIDS patient used $50,000 to $75.000. I showed how San Francisco had reduced the costs to the range of $25,000 to $32,000 by case management programs among West Coast Health care purchasers. I backed this up with three examples.
