

AIDS lecture November 12, 1987

Address

By

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It had only been one day since I had spoken on AIDS in this same city, hence, the opportunity to speak again to an audience that was medically attached, but not scientifically involved. The presentation therefore, was of a much more general nature and more on the social, human, and economic questions surrounding AIDS, rather than the science itself.

Having been made an honorary member of this organization, I opened by thanking them for the honor and thanked them for their contribution of quality hospital-based care – a critical element of our unique system.

I could have begun as I usually did with the fact that AIDS was a mystery, fatal, and that one gets AIDS chiefly by doing things that the majority of people don't do and don't like to see other people to do either.

But, because they were administrators, I started with the serious problems we faced of some physicians, dentists, nurses, and other health personal refusing to treat persons with AIDS, or suspected of having AIDS. I reassured them that out of five million persons in some kind of health work in the country, only 10 had contracted AIDS on the job, and almost every one was by failing to follow the rather simple guidelines of the Centers for Disease control.

It was also appropriate to tell them that young men and women looking for residencies or internships, or a practicum to complete their professional training avoided those hospitals that had a large AIDS population among their inpatients. This had spilled over to patients with elective procedures seeking the same kind of freedom from any contact with AIDS patients.

Again, because they were administrators, I pointed to the fact that one of the associated problems was that a notice had been sent from the Departments of Labor and of Health and Human Services in jointly issued guidelines stating "It is legal responsibility of employers to provide appropriate safeguards for health care workers who may be exposed to dangerous viruses." I thought it was important to say this because the notice also included a warning that the Labor Department would begin a program of enforcement to insure that health care employers were meeting those needs. This notice was published in the Federal Register, which I informed the audience also contained a great deal of valuable up-to-date back-ground data on the AIDS epidemic and urged that each of them secure a copy and read it through.

Economics was important to this audience so I pointed out that the cost for running the AIDS program for the country was about 2 billion a year with an average inpatient costs per patient of 20,320. 1991 anticipated the bill would be up between \$8 and \$16 billion. This made the opportunity to raise the question about how much the taxpayer would put up with in spite of the fact that he or she already supported Child and Material Health, programs for Alcohol, drug addicts and those with syphilis. Those programs alone added up to \$8 billion, but I indicated how much different AIDS was and how much greater the cost would be. I think for many people the fact that AIDS is eventually fatal affects their concern about paying for expensive care.

Importance to this audience was the issue of individual privacy vs. the need to protect the community from danger. For medical administrators, this was the heart of the debate over confidentiality. I noted for this audience that they would have to carefully assess what direction they should take in the future, because some hospitals were already testing patient blood for the presence of the antibodies and this was being done in response to strong appeals from hospital staffs. The goal was simple: indicate to the public that we were concerned enough about all of our citizens to do blood tests, but also concerned about each one of our citizens to make the results of those tests absolutely secure. The Reagan Administration in power at the time of this presentation did not support a federal law on confidentiality.

The irrationality and unfairness of discrimination against AIDS patients was discussed as well as scourge being particularly in young Black and Hispanic folks. We had to remain color-blind in this war against AIDS. The question was could we?

I closed with a thought that we may be able to give the world something every bit as precious as the much desired AIDS vaccine by showing how compassion and justice come in addition to first class science and medicine can triumph over this mysterious and fatal disease.

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Administration opposed to federal law on confidentiality  
AIDS & compassion & justice  
AIDS & first class science & medicine  
AIDS & irrational, unfair, & discriminatory actions  
AIDS and law, ethics, economics, morality, & social cohesion  
Avoidance of certain hospitals by resident physicians, & nurses  
Avoidance of some hospitals by patients themselves  
CDC guidelines for AIDS control  
Confidentiality as the key to AIDS testing  
Confidentiality in public health work  
Economic costs of AIDS to the nation  
Economic costs per patient  
Ethical foundation of health care itself  
Failure of some health professionals to treat persons with AIDS  
Federal Register – October 30, 1987 issue  
Fight the disease of AIDS & not the people who have it  
Guidelines issued by the Departments of Labor & Health &  
Human Services  
Individual privacy vs. protection of the community  
Journal of the American Medical Association

Legal responsibility of employers to provide safeguards  
Prevalence of AIDS in the young, Black & Hispanic people  
Quality care for everyone  
Remaining color-blind in the AIDS crisis  
Taxpayers & AIDS in the future  
Taxpayers support of health care initiatives  
Testing of all hospital patients  
\_\_\_\_\_ of safety among health care workers

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