

AIDS Lecture June 1, 1988  
15/19

Fourth Annual Ash Lecture  
By  
C. Everett Koop, MD, ScD  
Surgeon General  
Of the  
U.S. Public Health Service  
U.S. Department of Health and Human Services

Presented to the Armed Forces Medical Museum  
Washington, DC  
June 1, 1988

---

It had been four days since I had last address a public audience on the AIDS epidemic.

One of the things I enjoyed most during the eight years of my two terms as Surgeon General was the opportunity I had to mingle with the medical personnel of the Army, the Navy, and the Air Force. In particular being a member of the National Defense Health Council was a privilege because not only did I meet my counterparts in the three armed forces, but also the highest ranking medical folks in the Uniformed Services University of Health Sciences and the Veterans Administration, but in addition non-medical people from the Joint Chiefs of Staff and the offices of the Secretary of the Army, the Navy, and the Air Force. I wanted this occasion to be an opportunity when I could acknowledge the Public Health Service achievement, as well as the excellent cooperation and assistance we received from the Armed Forces as we moved forward toward our goal.

It was appropriate that the Army Medical Museum had just opened a new exhibit on AIDS, for which I thanked the director and his staff and made the suggestion that if anyone was the least bit unclear about AIDS, a study of the new exhibit at the Armed Forces Medical Museum would do the trick.

I acknowledged that we had very strong and well conceived efforts to keep the general public, as well as the medical and health professions, informed of all the developments in the unfolding tragic chapter in human history. The "we" I referred to was the United States Public Health Service, but I acknowledged that we couldn't have done it without the popular press, and our own professional journals.

I laid out my focus as being not the details of the disease and its history, but instead the focus on three main aspects of the epidemic and how they were affecting the way Americans thought about the disease, about each other, and about responsibility; professional, social, and personal responsibility.

I began with analogy of AIDS attacking the central nervous system, but also I pointed out how it had disturbed the peace of mind of our citizens and was a constant challenge to our social cohesion and national purpose.

I went through my usual litany of AIDS being a mystery, a virtually one hundred per cent fatal disease, and one that is spread by behaviors that most people do not practice and do not approve of others practicing. I reminded the audience that we had been working on AIDS only for half a dozen years and that our critics, who might be well meaning, as well as highly critical and impatient with government, really had an extraordinarily lack of understanding of the processes of scientific inquiry. I also said that we in the biomedical world had to look at our own “culture” and be truly interdisciplinary and point to an example that had taken place that past February under the co-sponsorship of the Armed Forces Institute of Pathology and brought together for the first time in one meeting clinicians and pathologists to share their views on AIDS. I thanked Dr. Abe Macher of the A.F.I.P and Dr. Harold Ginzberg of the National Institutes of Health.

The desired clear-cut answers the public demanded were not available and that was hard for a generation that had grown up confident of the conquest of biomedical science – not its defeats – and a generation that had been successfully inoculated against polio, measles, and half-a-dozen strains of flu. I took a poke at the enthusiasm for anti-baldness remedies and suggested that the same generation might be the first not to go bald. Even if science could conquer baldness, it didn’t mean that an AIDS cure was just around the corner.

To this largely medical audience I was frank and clear about the methods of transmission, but did not have to be as specific as I might have been to a lay audience, and of course, I added a list of the things that were part of the transmission process. It was the first occasion on which I added vaginal secretions to blood and semen as body fluids containing the highest concentration of HIV.

Speaking to government people, I felt it should be mentioned again how tolerant the American people had been of those who got sick because they did something they very likely knew was not a smart thing to do. Hence, we have relied on tax revenues to support V.D. clinics, alcoholism and drug treatment centers, as well as to do diet nutrition counseling, family planning, and emergency medical services for highway trauma. Yet, AIDS had driven the first serious wedge into our remarkable public health compact. The reason was simple enough. With all the things that happened between the time of the entrance of the virus into the human body none of them so far plays a role in preventing the person from dying. So, after a prodigious investment of public funds there was no rescue, no reformation of character, no one is saved or redeemed and returned to society. I added that one symptom of this unrest was that the upcoming election in California in that year may have a referendum stimulated by a half-million signatories to a petition that would require physicians to report the names of people who did not yet have AIDS, but were HIV positive. Fortunately, California also had a strong confidentiality statute that applied to HIV records and AIDS as well. I was concerned that sero-positivity information could escape that control, and inasmuch as our reticence to have mandatory testing or mandatory reporting was based on our fear of discrimination we had to acknowledge that California had no anti-discrimination law.

These questions were first raised in the 1970s when herpes, reportable under federal and state laws was reaching epidemic proportions and I reminded the audience that herpes, while not fatal, was a lifelong condition with no cure. Unfortunately, before society could agree on an equitable way to handle the herpes problem, we were confronted by the AIDS problem. And

that's where we are now, still trying to sort out the issues, the people, the science, the economics, and do so within the framework of our better than 200-year-old democracy and its commitment to protecting the individual citizen. In 1987, President Reagan at an Awards Dinner put on by the American Foundation for AIDS research, stated that we had to fight this disease with everything we had at our command, but he said this: "It's also important that America not reject those who have the disease, but care for them with dignity and kindness. This is a battle against disease, not against our fellow Americans."

As I remember those words and the occasion on which the President said them, I have to remember that was also the night that I, in full uniform was burned in effigy on a street in Georgetown, because my statement that we were fighting a disease and not the people who had it, was interpreted by some to be coddling the homosexual community. So, our challenge is always to show the world how compassion and justice...in addition to first class science... can triumph over this mysterious, fatal disease.

---

Achievements of Public Health Services in AIDS  
AIDS & America's social cohesion & national purpose  
AIDS contrasted with other social programs  
AIDS exhibit at the Armed Forces Medical Museum  
AIDS & the central nervous system  
AZT  
American tolerance of behavior that produces illness  
Californian petition for AIDS referendum  
Confidentiality in AIDS & HIV records  
Critics' lack of understanding of scientific inquiry  
Culture of biomedical science  
Expectations of the public from science  
Fatality of AIDS  
Fight the disease of AIDS & not the people who have it  
Goal of the Public Health Service in AIDS  
Herpes in the 1970s & AIDS now  
Lack of an AIDS vaccine  
Lack of clear-cut answers on AIDS  
Mandatory reporting of people with AIDS or HIV  
Mystery of AIDS  
Need for first-class science  
Popular press in health education  
Relationship of AIDS mortality to lack of optimism  
Responsibility: professional, social, and personal  
Sights of highest concentration of the AIDS virus  
Tax revenues to support social programs  
Transmission of AIDS  
Use of compassion & justice

What doesn't transmit AIDS  
Working relationship between the United States  
Public Health Service & its sister,  
Uniformed Services

---

Armed Forces Institute of Pathology  
Dr. Harold Ginzburg  
Dr. Abe Macher  
National Institutes of Health