

AIDS lecture March 18, 1987

Address

By

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This lecture was given 12 days after the last one on AIDS and through it, one can sense some of the frustration I felt as I tried to deliver the same message in different terms that might be more effective. This was a big day, inasmuch as I had two other lectures to give on smoking in addition to this breakfast with the Chamber of Commerce.

At the outset, I stated that I wanted them to know some of the facts and issues because they would be making decisions regarding employees who present the symptoms of AIDS or members of their own families who sometime in the future might show the same signs. These statements I tied in the fact that Florida is either the third or fourth state in the union in number of cases, but they were right up there with California, Texas, New York, and New Jersey. As far as Tampa itself was concerned they had not yet reached their 300th reported case of AIDS.

I indicated that I would be particularly concerned in the way children in Tampa were introduced not only to AIDS, but also to the larger subject – their own human sexuality. For that reason, I felt it necessary to give a history of six years progress with our understanding of and fight against AIDS. One of the things I stressed for the first time in these lectures on AIDS is the length of incubation period, after being invaded by the virus. The information that I gave was the current thinking of NIH and CDC, but those computations were later superseded. So incorrectly, I said that the incubation period can stretch anywhere from a year or so in some people to ten years in others. It's much more likely to have the majority sero - positive within three to four months, I added to those figures mortality figures that were correct as far as we knew at that time. Anyone with AIDS will eventually contract an AIDS-related disease the mortality for which at that time was 100 per cent. Newer treatments have altered that as well.

The public in general, and much of the scientific world probably thought that a vaccine was in the foreseeable future. From the beginning, I said that I thought a vaccine was not likely in the near future and if we had one tomorrow who would we vaccinate? I repeated on this occasion something I had said before and that is: "If not produced with great care, a vaccine can cause as much illness and death as the disease it's supposed to

attack.” That is particularly important information at the time of this writing (2003), because of the current fear of smallpox as a terrorist weapon of mass destruction.

I mentioned my frustration earlier; it grew with time because of the critical correspondence about my stand on AIDS education or “sex education”. As a result, I was constantly thinking of new ways to say old facts. On this occasion, I combined several new facts and approaches in the following way:

How can you be absolutely certain about your partner? I’m afraid it has to do with your trust and faith in him or her.

“About yourself – you have the knowledge of your own possible exposure to the virus either through sexual contact or shooting drugs.”

“The first step perhaps should be frank discussion – confession, if you will – and if indicated, a blood test for antibodies against the virus. But bear in mind that it takes weeks to months for a test to turn positive. Therefore, exposure during the preceding six months may be followed by invalid or negative tests, and give a false sense of security.”

In this lecture as well as in others, I made the statement: “ Novelists like to call it “true love”, sociologists, may call it “marital fidelity”. The Surgeon General calls it “monogamy”. I added in this lecture, the following statement: “The point is that we are all saying the same thing – one continuing sex partner who is as faithful as you are.”

No other part of this lecture was new or novel.

Abstinence
AIDS decisions regarding employees
AIDS education
AIDS statistics
AIDS statistics for New York, California, Texas,
New Jersey, & Florida
AIDS Statistics for Tampa
AIDS virus
Association of state and territorial health officers
Barriers to parental education of children
Heterosexuals & AIDS
History of AIDS in the past six years
Homosexual & bisexual men
Human retrovirus
Human T-cell Lymphotropic Virus Type III
(HTLV-III)
Introduction of children to AIDS education
Introduction of children of understanding of their
own sexuality
Lymphadenopathy –associated Virus (LAV) or
Human immunodeficiency Virus (HIV)

Mortality from AIDS
Mutually faithful monogamy
Parents as sex educators
Pneumocystis carinii
Prostitution
Sexual history of a partner
Surgeon General's Report on AIDS: how to get one
The imperfect nature of human relationships
Timing of sex education for youngsters
Transmission of AIDS
Vaccine for AIDS

Azidothymidine (AZT)
Christian Life Commission of the Southern Baptist
Convention
National Cancer Institute
National Coalition of Black and Lesbian Gays
National Council of Bishops
National Council of Churches
National Education Association
National PTA
Synagogue Council of America
Washington Business Group on Health