AIDS Lecture May 26, 1987

Address
By
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And
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One of the most unusual things about this lecture at this particular time in 1987 was that it had been 34 days since I last stood on a platform and addressed the public in reference to this frightening disease. The Thrasher Fund is supported by people who are "willing to invest in the world's children, to affirm the preciousness of human life and the hope of the future." It has strong ties with the Church of the Latter Day Saints and Bishop Pace had a prominent part in the evening's program. I expressed my approval and congratulations to those who contributed to the Thrasher Fund and made it as important an instrument as it is in research concerning children.

James Mason, later to become Assistant Secretary for Health, but at the time of this lecture, the Director for the Centers for Disease Control, and a Mormon, was a prominent contributor to the evening's program as well.

I then began a brief overview of one aspect of the AIDS tragedy that is particularly disturbing to those of us concerned with the health and welfare of children. It is an aspect fraught with stigma and discrimination...with confusion and frustration...and with much pain and certain death.

I hit the high spots of our knowledge about AIDS that was not pediatric oriented mentioning that the disease was spreading rapidly across the country, that nineteen cities had now each reported more than 300 cases of AIDS since 1981, that Utah, where I was speaking had 60 cases so far with 25 of them were reported just within the last 12 months.

As the reader can note from comparison with previous lectures the cumulative total of reported cases of AIDS was increasing and was then approaching 36,000. Of that number, nearly 21,000 had already died. Confirming the fact that AIDS is an ugly, relentless, and lethal disease. We have every reason to fear its spread. I mentioned the current challenges of:

- Increasing cost of inpatient care for an expanding patient population.

- The nature and cost of educational efforts to reduce high-risk behavior.

- The cost of maintaining an effective research effort for improved prevention, treatment and cure.

- And the costs of social support for juvenile AIDS victims and their families.

I then honed in on the pediatric aspect of AIDS, pointing out that we then had a total of 501 cases, but in all likelihood, because of underreporting and the strict rules of CDC for diagnosis of symptomatic and asymtomatic children, that the number was probably five times that. One of the few new things I reported in this lecture was that before 1985 a number of children did acquire AIDS from contaminated blood – 86 in all. At the last count 61 of those had already died. Some were hemophiliacs, some received contaminated transfusions blood for other medical reasons. The surviving children and their families need our continued attention. These children, some of whom may also have other severe chronic illnesses, are carrying the enormous burden of their own impending deaths. What wasn't new was my report that blood screening procedures and methods of heat-treating blood factor products had virtually eliminated the risk of new AIDS cases, pediatric or otherwise, occurring because of contaminated blood and blood products.

At that time two-third of pediatric AIDS cases were the result of transmission of the virus from the infected mother to a child either in utero or at the time of delivery. Other information suggested that out of every 100 babies born to mothers infected with AIDS, about half of them are born with AIDS. But even here we must provide some qualifications.

I reported for the first time, that is possible for example, for a child to be born and test sero-positive, that is to have AIDS antibodies in its bloodstream, but not have the AIDS virus itself. Then after a period of time, the infant begins to shed these antibodies, and if tested again, would be sero-negative.

When we speak of pediatric AIDS, therefore, we have to understand that we're talking about some children who actually have the virus in their bloodstreams and are at risk of progression of the disease and death, and other children who have the antibodies only are at no risk, either to themselves or to others.

Unfortunately, we don't know which ones are which at first and must all be treated as if they were carrying both the antibodies and the virus.

Children become infected at birth and through other events as well, such as sexual abuse, drug abuse, and sexual intercourse, etc. The method in most of these cases is a criminal act against the child under the child abuse statutes in all states and territories.

I then covered briefly, the disproportionate number of Blacks and Hispanics whose babies were born with AIDS and tied this into some of the other known burdens of high-

risk pregnancies in young Black women, in those who are poor, without education, and without good prenatal and perinatial health care.

One of the saddest things I could report was that while this country had many, many dedicated people working in our children's hospitals and in pediatric centers they are nevertheless seriously handicapped by the scarcity of services available to newborn AIDS victims and their families. There are indeed virtually no programs, which provide coordinated, community-based care for pediatric HIV-infected patients. The same is true with foster care, which is further complicated by the stigma of the diagnosis of AIDS. Because of all of the aforementioned, I had heard from many health workers in the areas with concentrations of high risk populations that pediatric services are simply overwhelmed with such children, many of them abandoned by their mothers.

I had intended to close this speech with the warning that if we just look at the numbers we'll miss the true meaning of what's going on and I was referring to the profound dysfunction that was taking place in the family life of the significant number of our fellow Americans. That means that the issue was not really pediatric AIDS alone, but rather it was more and deadlier evidence of larger issues facing our society as a whole:

- Issues of barriers to health care...
- Of the equality of opportunity...
- Of racial, ethnic, and cultural separation...
- Of limited choices...
- Issues of isolation...
- And the clash between personal and community values.

This is how I had planned to end my lecture, but en route to Utah in a copy of the speech that I was carrying I added some material, which I must have felt pertinent because of current situations of which I was aware.

The new remarks had to do with reminding the audience that our chief weapon against AIDS was education, education, and more education. In respect for this Mormon audience, I excused my recommendation of the use of condoms and explained it. I then mentioned what probably prompted me to write these additional remarks and that was to report that I had endured unbelievable abuse from the pro-life movement because I had acted as I thought responsibly as the Surgeon General of all the people, not just of those of whose behavior I approved. I reassured this audience that I was pro-life to the core and that referred to the unborn, the newly born, and the elderly. Indeed my whole program in reference to AIDS was thoroughly pro-life – to save the lives of imprudent teen-agers, of risk-taking young adults, of drug abusers, and the sexually promiscuous. But especially, I was pro-life concerning children with whom I had spent 35 professional years in life-saving endeavors.

I closed these remarks with reaffirming my commitment to children and to life and to the future.

Chain of transmission of the AIDS virus
Challenges of AIDS
Complication of pediatric AIDS by social situations
Congenitally acquired AIDS infection
Costs of AIDS
Criminal complications of pediatric AIDS
Criticism of the Surgeon General by Pro-life groups
Difference between sero-negative & sero-positive Newborns
Foster care
Health of children
History of AIDS
Homosexual & bisexual men
Intravenous drug abuse
Lack of programs for community-based HIV clinics for children
Major cities affected
Need for good science & good public education
Other sources of non-congenital AIDS infection in Children
Partition of minorities with pediatric AIDS
Pediatric AIDS
Pediatric AIDS vs. larger issues facing our society as a whole
Pro-life movement
Rapid spread of AIDS
Safety of current blood screening procedures
Sexual promiscuity
Statistics of acquisition of AIDS from contaminated blood
Statistics of incidents of AIDS
Under-reporting of pediatric AIDS
Use of condoms

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International Program of Children's Health
James Mason, MD (Director of Centers for Disease Control)
Bishop Pace
Tagore (Indian poet)
Thrasher Fund