

AIDS lecture May 28, 1987

The Current Crisis in AIDS

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It had been but two days since I last spoke on the subject of AIDS in Salt Lake City.

The Uniformed Services University of the Health Sciences located in Bethesda, MD just behind the Naval Medical Center is a University with a Medical School (later named the Hebert School of Medicine). At the time of this lecture, the major function of this University was its Medical School, which trained young men and women from the Army, Navy, Air Force Public Health Service, graduating them with a degree of MD four years later. David Packard had for many years been a faithful, innovative, very supportive Chairman of the Board of Trustees of USUHS where I got to know him rather well because as Surgeon General, I also was a member of the Board of Trustees of USUHS. Although, I had been speaking informally, chiefly in Washington and chiefly in government agencies about AIDS for about two and a half years, this is the first of my prepared lectures given on a formal occasion in Washington in reference to the epidemic, which had seized the imagination of scientists and laymen alike since it was first reported in June of 1981.

Because this was, more or less, the introductory formal lecture to all that follow here, I handled it much like an historian would going back to the very beginning of the report by the Centers of Disease Control (CDC) began with the report by the editor of the Morbidity & Mortality Weekly Report or (MMWR), first about the five cases of pneumocystis carinii pneumonia and a month later the report of 26 cases of Kaposi's sarcoma, "An uncommonly reported malignancy" usually found – if at all – among elderly men. All victims in both reports were previous healthy homosexuals.

I then went on to the discovery of the virus, describing the American attempts and the American name followed by the French attempts and their name for the same virus.

I made three initial points:

First, AIDS is a disease that is spreading and it is fatal.

Second, even though scientists had had a look at the AIDS virus, we still didn't know precisely what it was.

Third, I reported we did know with certainty that the AIDS virus tended to concentrate in body fluids, which also carried large concentrations of infected lymphocytes. That was why there were large numbers of virus particles in blood and semen, but a paucity of such particles in tears, saliva, and perspiration.

In the process of making these three points, I did report that antibodies to the AIDS virus had been identified in 1985 after which we had a test to keep the blood supply safe of AIDS viruses and that we had one new experimental drug Azidothymidine or (AZT). AZT didn't cure the disease and it didn't save many lives, but it prolonged some lives. This, made it possible to say that we had no vaccine and although, I didn't state it then, whenever I talked about AIDS vaccine in those days I usually said I thought its development was many, many years off. As I write these remarks, it has been 22 years since the disease was first described, and we are, as far as we know, not very close to a vaccine yet.

With my third point made above, it was possible to describe the sex practices of homosexual men and make clear why the whistle about AIDS was blown among homosexual and bisexual men. I also explained the very high partition in AIDS patients of those who had become infected by sharing the paraphernalia for shooting drugs intravenously. Even as early as this lecture, I expressed my concern about the rise in AIDS among Black and Hispanics in disproportionate numbers to their per cent of the population, and said that the demography of this disease was becoming as complex as the disease itself, and that a single defense against the disease from the beginning had been information and education, and still is.

I also introduced the fact that heterosexual spread of AIDS was now being reported and that with the wide-spread heterosexual activity in America we could expect this partition of those with AIDS to rise rather rapidly, as has been the case.

The Surgeon General's Report on AIDS had been released the previous October, and I described the effort I made to be a good listener to 26 groups ranging from the Southern Baptist Convention, to the National Coalition of Black and Lesbian Gays, to the Washington Business Group on Health, to the National Education Association, and to the National P.T.A.

Not much has to be changed in that report now 27 years old, except the specifics of treatment, which have become rather complex.

I summarized the report to the nation in three messages:

1. The best defense against AIDS for young people is total abstinence from sexual relations
2. Find someone who is worthy of respect and your love, give that person both and stay faithful to him or her
3. People who aren't abstinent and don't yet have a faithful monogamous relationship, unless you know with absolute certainty that neither you nor your partner is carrying the AIDS virus, you must use caution.

This is the first time I ever said publicly that when you have sex with someone you're also having sex with everyone else that person had sex with. I made it clear that we were talking about going back at least five years of maybe longer.

This probably also was the first official time that I mentioned condoms as a possible preventive measure for those who were neither abstinent nor faithfully monogamous. Except for mentioning sex education in reference to the Report on AIDS, I probably took more flack for the use of the word condom than any other.

Naturally, that led into sex education, which I discussed from the point of view of how unpopular the subject was, as well as how necessary it was for young people who wanted to avoid sexually transmitted disease to know something about their own sexuality. As well as discussing sex education, I also had to point out that adults, in general, were not very good about talking to each other about their sexuality and they certainly are equally inept in talking to their children. The obvious answer, to me, was that if parents aren't going to do it, someone else has to open the door to sex education, which I prefer to call 'human development' .

Abstinence
AIDS
AIDS in homosexual & bisexual men
AIDS in I.V. Drug abusers
Azidothymidine (AZT)
Condoms
Condoms & the prevention of AIDS
Demography of AIDS
Drug therapy research
Education as best defense against AIDS
Epidemiology of AIDS
Fast-track approval of drug by FDA
Fatality of AIDS
Kaposi's sarcoma
Morbidity & Mortality Weekly Report (MMWR)
Mutually faithful monogamy
Parents & sex education
Pneumocystis carinii pneumonia
Prevalence of AIDS
Report on AIDS to the American people
Sex education
Study of antibodies vs. virus
The naming of AIDS
Vaccine research

President Ronald Reagan