

AIDS lecture November 20, 1987

Address

By

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It had been one day since I had last spoken before a public audience on the AIDS epidemic

I congratulated the audience for discovering one of the best-kept secrets in government service and that was that the Surgeon General was usually not a surgeon although I had been once and a pretty good one at that. I had not practiced surgery since my appointment in 1981. I also revealed that I was not a general, actually my military rank was Vice-Admiral and no one had ever heard of a "Surgeon Admiral". Surgeon General just means Chief Surgeon. What I really was and tried to be was a communicator. That meant I was supposed to tell people about their health, but not supposed to do anything else about it, and that for an ex-surgeon was not easy. We preferred to be active at fixing things.

The question, of course, is do people understand what I'm saying? I wondered openly whether Dr. Ruth, Peewee Herman, or Evans and Novak or Tammy Bakker would ask themselves such a question. Being weary of confession, I also expressed hope that they would not take back the "Communicator of the Year" award, even if I were a non-surgeon, and a non-general.

The first thing I wanted to do was to talk about allies and I went through a little history about President Reagan's asking me, in February 1986, to put together a report to the American people that told them the plain facts about AIDS. That meant that AIDS had been on the record books for nearly 5 years and a great many things had happened:

We had identified the routes of transmission of the AIDS virus from one human to another, we also had a good test to detect the presence in the bloodstream of antibodies of the virus. But there were many things that had not happened: we still had no vaccine and we had no drugs that stopped the AIDS-related illnesses – and while we told the public how the AIDS virus was transmitted, we hadn't succeeded in telling them what to do about avoiding getting AIDS. In other words, we talked a lot about "high-risk" behavior, but we neglected to describe "low-risk" or "no-risk" behavior.

I told these communicators that I had a lot to learn about AIDS and the reaction of people to it and therefore, described the method I had used in putting together the report for the

President. I ticked off about twenty of the agencies that had numbered 26 in all I worked with in getting that information. That experience of listening, learning, and then writing was, quite coincidentally – a mini-course in how this society worked. I mentioned how we operated on the principle of maximum participation by the people in the processes of our national life. That's how people develop a genuine sense of proprietorship about the process and about its outcome.

American people are basically fair and I think their fairness was never more evident than during the growth of the epidemic. I emphasized that my report on AIDS wasn't exactly what many people expected. Yet, it did contain the kind of information that came up over and over again during my conversations with people and groups from across the spectrum of American life.

My report spoke of the need to tell our children about AIDS, and about the primary way AIDS was transmitted – through sexual intercourse. So we had to focus on the need to tell our children about human reproduction, human sexuality, and most important of all, the nature of human relationships. And that meant—What do you think about yourself...and what do you think about other people?

A lot of my work in writing that report was to get rid of the misinformation that had been made available to the American people and that's why I said a few sentences back that I had tremendous allies for this point of view. And that made all the difference.

From the moment I released the "Surgeon General's Report on AIDS" on October 22, 1986, schools, churches, synagogues, hospitals, city halls, state houses, and civic associations of America had helped to distribute the report.

We made camera-ready copies of the report available to any group so they could reproduce it and even add their own logo. Dozens of groups had done just that.

Since so many people were part of the writing process itself, they had a sense of ownership and these groups had also gone to local newspapers, radio and TV stations. They even held public meetings and in had done a tremendous education job at the community and neighborhood level.

I've never said this before, but I said then, that I was absolutely certain that without the pro-active involvement of so many solid American groups – of every persuasion – the number of AIDS victims would be far higher than it was. I can't prove it, you can't disprove it, but I believe it's true.

I personally got a lot of credit for doing such a marvelous job in communicating, and I suppose I had or I wouldn't have been honored by them at that meeting. Nevertheless, I, just like everyone at that meeting, also was just one person – a government employee – and I maintained the success I had had thus far was just a "tip of the iceberg".

What you don't see and what I know was there was the broad base understanding and support and constant reiteration of the anti-AIDS message by tens of thousands of engaged and involved fair minded citizens.

The advice I gave was simple at that point. I urged the audience to take a moment and see to what extent they could learn from and with the citizens they served, and in that way, build their own iceberg.

I had another message for the audience, rooted in my own experience over the past few years. It is prompted by the familiarity of a great deal of criticism leveled at the government and the Public Health Service. Most of the criticism had to do with money, but I assure you that the government took seriously the presence and spread of AIDS. Our very first task, as a responsible scientific organization was to identify the beast and understand it.

Therefore, we did not sound a general alarm about AIDS because the term simply didn't exist. In fact, for over a year this disease was referred to as "Kaposi's sarcoma in previously healthy persons", or "Pneumocystis carinii pneumonia in previously healthy persons." The term "Acquired Immune Deficiency Syndrome" -- and its acronym "AIDS" -- didn't gain currency until the fall of 1982, 14 months after the first reports.

But giving something a name didn't solve much. It came as a mystery, and more than 6 years later and over a billion dollars later, it was still something of a mystery.

By mid 1983, we began to see the dim outlines of what this disease really might have been. At that point, the Public Health Service put it o the top of its agenda for research and action. With the advice and counsel of the National Gay Task Force, the Public Health Service installed a toll-free hotline and the Assistant Secretary for Health, Dr. Edward Brandt, said AIDS was the country's "number one health problem." Most Americans heard that in disbelief. What about teen-age pregnancy, Alzheimer's disease, drug abuse, heart disease, alcoholism, obesity, and of course smoking?

In short, I thought that the eventual closer reading of history of the AIDS epidemic would lead to the conclusion that the government did, in fact, mobilize its extensive resources in a manner which was consistent with the evolving body of information we had at any one time.

As you know better than anyone, people in government -- especially those of us whose professional task it was to communicate to the public -- were constantly faced with the requirement to tell what we knew, but not to tell things that were beyond what we did know.

Our critics wanted us to do that, but we would not. We did not. The same was true of the budget.

There had been criticism by many that we had not asked for enough money, and I took this occasion to say that as every government person knew we were supposed to ask for money we knew we could spend responsibly. Had we asked for more than that, we were being irresponsible. And that's where we would have been. We had to speak and spend within the boundaries of what we knew or what we reasonably suspect. In general, from that perspective, I believe the AIDS experience has to be a positive example of the way the government, in general, and the Public Health Service in particular ought to conduct it's business.

If we ever have something like this come on our scene, my advice to my successors would have been to act pretty much as we acted over the past over the past six years. Move ahead as quickly as possible to develop the information base, the science, the demography, the economics, or whatever is required – and then communicate that information, leaving nothing out, but not putting in a lot of unsubstantiated things either.

I closed with a quotation from Sir Francis Bacon:

“Nature is a labyrinth in which  
the very haste you move with  
will make you lose your way.”

Even though the people many times think the government moves so slowly, that's not a bad motto for government communicators.

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