

AIDS Lecture February 24, 1988
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Remarks
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Public Forum
Roxbury, Massachusetts
February 24, 1988

It had been five days since I last spoke publicly to an international audience through the United States Information Agency in Washington, D.C.

I began by reminding a few people in the audience that I had once been their neighbor when I lived in Sommerville while a surgical fellow at the Boston Children's Hospital in 1946. This was a lay audience and I was not going to attempt to get into complicated biomedical information but I did want to cover the subject as broadly as possible, even though I would not do it in depth.

I just hit the mountain tops by saying that the facts about AIDS are not very nice, we've known about them for six years, the virus is still somewhat of a mystery, we don't have a vaccine, and if a vaccine is in the offing it is not right around the corner. The only thing that is around the corner with AIDS is unfortunately another corner.

Although we don't know everything we'd like to know about AIDS, what we do know we have to take very seriously. For example: AIDS is virtually fatal, we know where to look for this disease in the human body (This is the first time I stressed the brain and nervous system effects of AIDS), the AIDS virus destroys the special white cells that were the basis of our immune system and that makes the person so invaded an easy target for any disease that comes along.

I stressed that AIDS itself doesn't kill you, but it makes it possible for anything else to kill you instead, because of low immunity. The highest concentration of the virus is found where the concentration of white blood cells is highest namely in blood and semen. This has a lot to do with the spread of the disease because the virus usually originates in one of those two fluids in one person and is transmitted to another. This never happens by accident. I then talked about transmission, speaking about blood transfusions first and saying getting AIDS at that time from blood transfusion was virtually out of the question but not impossible. That left three important ways: sexual intercourse where the virus is passed in semen from a male to his partner, the special susceptibility of those who are the recipients of anal intercourse because the abrasions obtained from that activity opens the blood stream to direct invasion by the virus in semen. This opened the door to say we're fighting a disease and not the people who have it.

The second major method of transmission is sharing needles and other contaminated drug “works” of an AIDS infected drug addict. The blood-to-blood transmission here is obvious.

The third way is tragic and that is to be born to a mother who has AIDS. At the time of the lecture six hundred children in this country were born with AIDS. The virus either passed from the mother’s blood stream into the child’s blood stream sometime during pregnancy or during childbirth itself. About nine of every ten people with AIDS were either homosexuals, bisexual males or intravenous drug users.

This was an appropriate time to talk about the disproportionate occurrence of AIDS in Blacks and Hispanics. Blacks comprise 15% of the homosexual and bisexuals with AIDS, 43% of all drug addicts with AIDS, Black children make up 54% of all children with AIDS, and Blacks make up 70% of all heterosexuals with AIDS. Most of these are women who are sexual partners of men with AIDS or they are prostitutes who picked up the virus from AIDS infected clients.. Nearly 90% of all babies now born with AIDS are Black. These are very high figures that indicate that the Black Americans are suffering disproportionately from the epidemic. At this point I acknowledged Dr. Deborah Prothrow-Stith, the Commissioner of Health for the Commonwealth of Massachusetts. She and her husband had brought together the rather large audience – chiefly Afro-American.

I then turned to the necessity for education in the absence of a vaccine or therapy and confessed that the reason I was in Roxbury was because I believed Black woman and men are concerned about the havoc that AIDS was bringing to their communities and want to do something about it -- as did I. I then gave some common sense information about how to avoid the disease yourself and how not to pass it to any one else. This got into abstinence for young people and mutually faithful monogamy for people who had passed out of their adolescence and stated what I have said so many times that when you have sex with somebody, it is the same as having sex with everyone that person has had sex with up to that time.

This was a natural segue into condoms, which I described as not being the perfect answer but the best advice we had as a defense against passing of the AIDS virus during sexual intercourse, if the previous admonitions were not heeded.

When it comes to drugs, I said, the best thing is to get off drugs. You need help; get it now and follow that advice.

I counted this opportunity as one of the better ones I had through the courtesy of Dr. Prothrow-Stith and her husband, who was a minister in Roxbury – both deeply concerned about the disproportionate spread of AIDS in the Afro-American population.

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- AIDS and homosexual behavior
 - AIDS and IV drug abuse
 - AIDS and newborn babies
 - AIDS and public education
 - AIDS is controllable by sexual behavior
 - Current statistics on AIDS and AIDS mortality
 - How AIDS is spread and how AIDS is not spread

How to assume leadership in the Black community
Modes of transmission of AIDS
Racial partition of AIDS in comparison to population
Safety of blood transfusions
Sites where the virus is found in highest concentration
Specific challenges to the Black community
The effect of AIDS on the brain and central nervous system
The fatality of AIDS
The lack of a vaccine
The mystery of the AIDS virus
Why AIDS is a killer disease