

AIDS Lecture October 3, 1988
16/17

Address
By
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It had been 11 days since I had last spoken to a public audience on the AIDS epidemic.

My remarks began by expressing pleasure at being there, and reminding the audience of the great respect that I hold for the discipline of family medicine. I also reminded them of the way we had stood together for the past 7 years on a number of issues, including smoking, drunk driving, and family violence.

Special recognition was given to three of their members: Dr. Alan Blum, Dr. John R. "Rick" Richards, and Tom Houston, the organizers of "Doctors Ought to Care" or "DOC." I acknowledge that fact that although they were at times unorthodox, they had been outstanding in their support of the national campaign against smoking, and that for their unstinting efforts, I had been pleased a few moments before coming up on the platform, to present each of them with the "Surgeon General's Medallion," the highest honor that I could give.

Reference was made to the publication next month, of my "Surgeon General's Letter on Child Sexual Abuse." This was an interesting brochure that I prepared at the request of the Department of Justice, for health professionals, so that our disciplines of law and medicine could work better together in this painful public issue. Dr. Bob Graham, the executive officer of the organization, and asked me to come to New Orleans and share some of the things we learned lately about the complex and highly dangerous disease of AIDS. Before getting into the meat of the day, I thanked Dr. Graham for his support of me during a time when I had very few supporters, while awaiting confirmation in the early months of 1981.

I presented this information in a rather staccato way – in the form of a quick update – mentioning that the AIDS virus is still spreading, that between September of 1987 and August of 1988 we logged in 31,000 new cases, that the country as a whole has 75,000 cases of AIDS – now present in every state and territory. These figures are not just HIV positivity, but someone with a reportable AIDS related disease of some kind (opportunistic infections).

I made clear that what was happening here was happening world wide, but that the epidemiology was not as good elsewhere as here, and the problem was under reported. AIDS was still 100% fatal – so far an overall mortality of 56%, but those with AIDS in 1981, 92% had already died, and those in 1982, close to 90% had died. Half the people reported last year had already died.

It was difficult to be encouraging, because I didn't believe much of it about the testing of several vaccine models. It is significant that as of this writing in 2003, we still do not have a vaccine. I talked about AZT and its ability to prolong lives, but we still had no magic bullet. We did know how the virus is transmitted, by various kinds of human behavior, and that education is probably our only weapon against this disease.

I went through the litany of the transmission of this disease, spending some time of the safety of the blood supply, and pointed out that our job was complicated by the fact that a great many of our young people, of all social and economic classes, all races and ethnic backgrounds, began to experiment with sex and with drugs in their early adolescent years, and on into their 20's. I pointed out to this group of family practitioners that this put a heavy burden on their shoulders, and if any kids had gotten off to college campuses without having a talk with them to set up a mid-year appointment during the holiday break.

We had to accept all AIDS patients, I said, in a professional, competent, and compassionate manner, and pointed out how strategic family physicians were to getting engaged in a confidential way with patients to help them find the help they need. It is very clear that my greatest concern was the degree in which men and women of medicine would continue to be committed to actively fulfilling their professional oaths and commitments.

My closing was a plea to use this current plague of AIDS as a touchstone of contemporary medical practice, to fight this terrible disease in league with millions of other health professionals, and with education and compassionate care.

Because of the brevity of these remarks, there is no index.