

AIDS lecture April 6, 1987

Address

By

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And

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Children with Human Immunodeficiency Virus Infection
And Their Families

Children's Hospital of Philadelphia

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April 6th through April 8th were three banner days for Pediatric AIDS. The numbers of children with pediatric AIDS at the time of this lecture was rather small, but what those small numbers meant for the future could be overwhelming. The audience consisted of invited guests who came for a Surgeon General's Workshop – the means I used to initiate most of the changes I brought about as Surgeon General – and it is not specifically a lecture such as others in this archive.

It was two days since I spoke publicly on AIDS, on the day following this lecture, I would address the Pennsylvania Chapter of Alpha Omega Alpha – the medical honor society -- on pediatric AIDS and on the day after that April 8th, I would deliver the Pasquariello Lecture to the Faculty and students at the Children's Hospital of Philadelphia and the University of Pennsylvania.

A usual Surgeon General's Workshop started off with an evening meeting where I gave a charge to the audience. This was followed by informal get-togethers that evening, breakout sessions all the next day, a report back to me on the morning of the third day followed by my response representing the Public Health Service. On this occasion, I took the first ten pages of my address to talk of the history of AIDS and then the broader aspects of this profound tragedy by addressing the fact that AIDS occurs disproportionately among those families with the least capacity and resources to cope. Then came the charge, which I will summarize here. I began by saying that President Reagan had called AIDS, "Public Health Enemy No. 1" and as the Surgeon General of the United States Public Health Service and the principle public health authority for the United States, I asked the audience to join with the President and to bring to bear all of our skill, expertise, and resolve over the next several days to focus attention on the broad range of health concerns related to children suffering from AIDS. Our goal was to develop recommendations for a national strategy for reducing the tremendous burden of this devastating condition especially among children, and I asked that recommendations give specific attention to the following:

- The development of an expanded knowledge base
- The identification of health resources and services necessary to address the AIDS problem
- A sense of the social strategies necessary to assure that our knowledge and resources are best applied in the service of better health for our children.

I predicted that the recommendations that would emerge from this conference could change attitudes if they represent work done with calmness, confidence, and clarity. I plead that we not, by inadvertence, aggravate what is already a very, very difficult situation regarding these children. Rather, I asked that we could provide the model our communities could follow, in bringing government officials, health professionals, educators, religious leaders, and parents for an interdisciplinary, moral, and just approach to the battle against AIDS.

In announcing some housekeeping items, I spoke of the cooperative efforts between the Department of Defense and the U.S., Public Health Service regarding pediatric AIDS. I spoke of Dr. Virginia Anderson, detailed from the Public Health Service to the Armed Forces Institute for Pathology, where she had just established an international network on pediatric AIDS. Inasmuch as Dr. Anderson would be receiving surgical and autopsy material from all over the world for computer cataloging and analysis, I suggested that members of the audience interact with her to see how she might work with them in this effort.

Although this audience were all experts in pediatric AIDS, as long as one mentally qualified that distinction by tempering expertise with a short duration of our knowledge of AIDS and the tremendous number of things that were yet beyond our ability to grasp.

I wanted to cover the history and problems of pediatric AIDS completely – like the dew covers the ground. To summarize that is an almost impossible task because the index for the first ten pages of this lecture are like a laundry list of signs, symptoms, challenges, problems, failures, and few successes.

For that aforementioned reason, I am not going to attempt to summarize this lecture, but rather to state that this summary will suffice to introduce the subject of pediatric AIDS, to specifically mention the charge to the audience, and then I will rely on the reader to find what he wants in this lecture by use of the index.

Abandonment of pediatric AIDS patients by their mothers
 Babies with a drug habit
 Blood screening procedures for pediatric treatments
 Catastrophe of AIDS in the Black community
 CDC's definition of pediatric AIDS
 Challenges of AIDS
 Challenge of putting the dollar value on human life
 Children with AIDS-like symptoms not covered by CDC
 diagnostic criteria

Clash between personal & community values
Classification by CDC for the asymptomatic child vs. the symptomatic child
Comparison of this workshop with one five years ago on special needs children & their families
Congenitally acquired HIV infection
Cost of maintaining an effective research effort
Cost of the social support to provide for juvenile AIDS victims & their families
Demography of high-risk pregnancies & birth
Dignified care for pediatric AIDS patients
Disproportionate occurrence of AIDS in families unable to cope
Drug abuse
Economic burden of AIDS
Emotional & the moral aspects of pediatric AIDS
Equality of opportunity
Financial issues association with the care for handicapped Children
Fetal alcohol syndrome
Hemophilia
High-risk pregnancy of Black women under the age of 19
Increasing costs of in-patient care
Immunologically compromised child
Innocent victims of AIDS
Issues of access of care
Lack of foster home care for AIDS
Lack of foster care for HIV infected infants & children
Manifestations of HIV infections in children
Methods of heat-treating blood factor products
Nature & costs of educational efforts to reduce high-risk behavior
Need for special attention to the non-medical aspects of AIDS in children
Paucity of programs, which provide coordinated community-based care for HIV infected patients
Predictions for the prevalence of pediatric AIDS in 1991
Present risk of pediatric AIDS from blood & blood Products
Prevalence of high-risk pregnancy in poverty
Racial, ethnic, & cultural separation & isolation
Racial partition of pediatric AIDS
Rapid growth of the pediatric AIDS problem
Sad combination of AIDS & hemophilia
Sexual abuse
Sexual intercourse

Signs & symptoms of pediatric AIDS
Social & social aspects of pediatric AIDS
Social burden of AIDS
Statistics of AIDS among children
Stigma of AIDS
Stress on facilities for the care of pediatric AIDS
Transmission from infected mother to child
Wives of bisexual men