

AIDS Lecture June 18, 1987

Statement of
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Before the
Select Committee on Children, Youth, and Families
U.S. House of Representatives
June 18, 1987

The previous time I had spoken on AIDS was June 10th, 8 days before this presentation. The last one was before the Republican Leadership Task Force on Health Care. This is a statement made to the Select Committee on Children, Youth, and Families of the House of Representatives.

These remarks were introduced by my reminding the committee that I had been a practicing pediatric surgeon for forty years and therefore, the issue at hand – teenagers and AIDS – was of foremost interest to me. I also reminded the committee that adolescents and pre-adolescents are those with behavior we wish to especially influence, because of their vulnerability when they are exploring their own sexuality and perhaps experimenting with drugs and alcohol. Their belief that they are probably immortal puts many of them at great risk.

This was followed by a statement of risk using statistics and relying on related information in reference to teenage pregnancies. Fortunately, thus far, only one percent of all AIDS cases had occurred in persons under the age of 20 and most of those were infected by transfusion. However, 21 per cent of all cases that had been diagnosed were in the 20 to 29 age group. Since the time between infection with the virus and the onset of symptoms may be several years, it was obvious that many of these youngsters were infected as teenagers. I compared these facts with the understanding of teenagers was otherwise. Very few of them changed their behavior even fully understanding the risk.

This was a natural introduction of the problem of education at home and elsewhere. I quoted the statistics that 86 per cent of parents agreed that sex education courses should be taught in school and 95 per cent of those agreed that such courses should teach 12-year olds about the danger of AIDS. The obligation of the nations system of public and private schools is obvious.

I stressed that it was my opinion and that of the President and Secretary Bowen that education about AIDS in young people should be based on fidelity, commitment, maturity and placing sexuality within the context of marriage. The latest information available to us was from the winter of 1986 indicated that 40 of the nation's 73 largest school districts were providing education and 24 more were planning such education. Information was provided concerning the direction in which we thought such education should go and I noted the plans of the Centers for Disease Control to work with national educational organizations. CDC planned to award

cooperative agreements to about seven national organizations that represents parents, school boards, school administrators, teachers, medical professionals, church groups, and other important professional and voluntary health and education organizations. Special awards would be made in reference to minorities. The CDC plans enumerated were in reference to state and local departments of education and training and demonstration projects.

In getting into the subject of research on AIDS, I referred to the National Institute on Drug Abuse and Mental Health Administration (ADAMHA) and their demonstration/training program entitled, "AIDS Prevention Among High Risk Adolescents Populations". Other components of the Public Health Service working together were planning a workshop just a few days after this presentation on "AIDS and Adolescents in Crisis", to discuss prevention, intervention, and treatment.

I then discussed several of the AIDS demonstration grant projects administered by the Health Resources and Service Administration (HRSA) and talked some about the plans afoot at the National Institute of Child Health and Human Development, one of the components of the National Institutes of Health. I closed with a quote from my own report on AIDS, "Those of us who are parents, educators, and community leaders, indeed all adults, cannot disregard this responsibility to educate our young. The need is critical and the price of neglect is high. The lives of our young people depend on our fulfilling our responsibility."

Because of the nature of this report to a component of the Congress, there is no index.
