

AIDS lecture February 17, 1988
14/13

“Current Issues in AIDS”
by
C. Everett Koop, MD,ScD
Surgeon General
Of the
U.S. Public Health Service
U.S. Department of Health and Human Services

Briefing for Top Aides of Republican Senators
February 17, 1988

It had been only one day since I had last spoken to the public on AIDS in Kalamazoo, Michigan.

Meetings such as this, speaking with aides to senators or congressmen on specific issues were not at all uncommon. The thing that surprised me early on in Washington was that you never saw a senator or a congressman attending any of these meetings, which were truly briefing sessions for their most responsible aides. By that designation I mean those upon whom congressmen relied heavily for information on the directions they should take.

This lecture was originally prepared to be given at the annual meeting of the American Association for the Advancement of Science in Boston Massachusetts on February 12, 1988. I don't recall all of the circumstances, but I do know that my presentation was cancelled by me because my staff showed me evidence that someone was going to do an end run around Otis Bowen, Secretary of HHS and cause his order to me to sign the mailer to 7 million households. I decided to stay home and fight. (In all my time as Surgeon General I only missed five lectures that the audience expected me to give, but had to be given by someone else reading my prepared words)

The AAAS meeting is a broad variety of scientists and I thought speaking to a broad variety of congressional aides I had about the same kind of an audience, just a little less well informed. I started off by describing what a pandemic is and how AIDS was spreading. I made it clear that AIDS was not going to pass by and leave their states untouched. I then talked about the fatality of the disease with 57000 persons now reported with AIDS, 30000 of them already dead. For the first time, I think, I said that 93% of those with AIDS back on 1981 have all ready died; in epidemiology 93% fatality is as good as a hundred. I did state that I thought a vaccine would eventually come, but as I talked more and more about AIDS, as the days and years went by, I became more and more pessimistic. For this lecture I said it might be a dozen years off. I usually said not in this century (the twentieth). As I write this, fifteen years have passed and no vaccine. I was very frank in discussing the third issue and that is the behaviors that spread AIDS and was specific and graphic in discussing both homosexual and needle sharing behavior. I mentioned the failure of some health workers to treat AIDS patients when presented with them but hastily congratulated physicians, nurses, teachers, social workers and others in the highest concentration of AIDS cases, specifically New York, San Francisco, Los Angeles, Newark and Miami. Forty percent of the Nation's AIDS caseload has appeared in the three first cities. The hesitancy of health care workers to deal with people with AIDS extended to people who came

from the same high risk behavior groups namely homosexuals and bisexual men, and IV drug users. The reason of course was that a negative serum test did not mean that the patient is not able to transmit the disease because of the time it takes for the test to turn positive after invasion by the virus.

The rest of the material covered in this lecture can be found in the previous five lectures and I therefore will not repeat the information here. Things may be presented with a little different slant, but the facts are the same. For that reason no index is included.