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GUEST:

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SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

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PREPARED STATEMENT

BY

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SURGEON GENERAL
OF THE
U.S. PUBLIC HEALTH SERVICE
AND

DEPUTY ASSISTANT SECRETARY FOR HEALTH
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRESENTED BEFORE THE HOUSE SUBCOMMITTEE ON
HEALTH AND THE ENVIRONMENT OF THE HOUSE COMMITTEE
ON ENERGY AND COMMERCE
WASHINGTON, DC
FEBRUARY 19, 1988

MR. POPE: GOOD AFTERNOON. WE ARE VERY PLEASED TO HAVE YOU WITH US FOR THIS BRIEFING, BY THE SURGEON GENERAL OF THE U. S. PUBLIC HEALTH SERVICE, DR. EVERETT KOOP. DR. KOOP WILL HAVE SOME OPENING REMARKS AND THEN WE WILL GO TO YOUR QUESTIONS.

THANK YOU VERY MUCH, DR. KOOP, FOR BEING WITH US.

DR. KOOP: THANK YOU, IT IS A PLEASURE TO BE HERE. I DO NOT HAVE ANY PREPARED REMARKS. I WOULD RATHER BE IN THE POSITION OF ANSWERING YOUR QUESTIONS. LET ME JUST SAY THAT THESE ARE VERY CHALLENGING AND EXCITING TIMES FOR PUBLIC HEALTH. THEY CERTAINLY ARE IN THIS COUNTRY. I WAS JUST SAYING BEFORE WE CAME IN, IF YOU JUST WORRIED IN AMERICA ABOUT SMOKING AND AIDS ALONE, YOU HAVE GOT TWO REMARKABLE PROBLEMS IN EPIDEMIOLOGY AND PUBLIC HEALTH.

SMOKING, STILL OUR NUMBER ONE PUBLIC HEALTH PROBLEM, IN THAT THREE HUNDRED AND SIXTY THOUSAND PEOPLE DIE FROM SMOKING CAUSES IN THIS COUNTRY EACH YEAR, BUT WE HAVE BEEN SAYING THAT FOR SO LONG THAT THE PUBLIC DOES NOT PAY MUCH ATTENTION TO IT. SMOKING RATES ARE GOING DOWN. YOUNG PEOPLE ARE NOT STARTING TO SMOKE, AND I AM VERY ENCOURAGED THAT BY THE YEAR 2000, WE WILL HAVE A SMOKE FREE SOCIETY HERE.

BY WHICH I MEAN, PEOPLE WILL NOT SMOKE IN THE PRESENCE OF NON-SMOKERS WITHOUT ASKING FOR, AND OBTAINING THEIR PERMISSION. THE THING THAT WILL UNITE ALL OF US IN THIS ROOM, IN REFERENCE TO HEALTH, IS THE GLOBAL PANDEMIC OF AIDS.

THIS IS A DISEASE THAT KNOWS NO INTERNATIONAL BOUNDARIES, NO GEOGRAPHIC BOUNDARIES, AND ALTHOUGH I KNOW THAT THERE ARE PARTS OF THE WORLD THAT SAY, "WELL, THAT IS THEIR PROBLEM; IT IS NOT OUR PROBLEM," THAT DAY IS COMING VERY MUCH TO AN END.

I JUST RETURNED THREE WEEKS AGO FROM THE SUMMIT OF MINISTERS OF HEALTH IN LONDON, THAT WAS SPONSORED BY THE UNITED NATIONS WORLD HEALTH ORGANIZATION AND BY THE UNITED KINGDOM DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

IT WAS A PSYCHOLOGICAL MEETING, AND I THINK IT HAD ITS MAJOR IMPACT UPON THOSE PRESENT. FIRST OF THOSE WAS THAT THE CENTRAL AFRICAN COUNTRIES, PRIMARILY, WHO HAD BEEN SOMEWHAT RETICENT TO REPORT THEIR STATISTICS BECAUSE THEY WERE AFRAID SOMEBODY MIGHT SAY, "YOU ARE THE PLACE WHERE IT STARTED," NOW REALIZE THAT THEY ARE PART OF A GLOBAL PARTNERSHIP, AND THAT NOBODY IS BLAMING ANYBODY, AND TOGETHER WE HAVE A MUCH BETTER CHANCE OF BEATING THIS DISEASE THEN IF WE WORK ALONE.

THE SECOND VERY IMPORTANT THING THAT WAS LEARNED THERE, AND THAT IS THAT THE PACIFIC BASIN COUNTRIES, WHO AS RECENTLY AS LAST SEPTEMBER WAS SAYING, "WELL, THAT IS A WESTERN PROBLEM," NOW REALIZE THAT ALTHOUGH AIDS MAY COME LATE TO THEIR SHORES, IT WILL DO THE SAME THING THERE THAT IT DOES IN EVERY OTHER COUNTRY.

SO, WITH THOSE TWO THINGS HAVING BEEN STATED, WHY DON'T I LET YOU TALK AND I WILL TRY TO ANSWER YOUR QUESTIONS.

MR. POPE: OKAY, WE ARE READY TO TAKE YOUR QUESTIONS.
DIANE?

MS. FOULDS: DIANE FOULDS WITH THE WEST GERMAN PRESS AGENCY. I CANNOT HELP BUT WONDER IF AIDS IS NATURE'S WAY OF TELLING US YOU ARE OVER-POPULATED. WE HAVE TRIED TO CUT DOWN YOUR NUMBERS THROUGH OTHER NATURAL MEANS, BUT WE FAILED, SO WE HAVE TO RESORT TO A PESTS, ALTHOUGH WE KNOW THAT PESTS HAVE BEEN PART OF -- THEY HAVE BEEN WITH US FOR THOUSANDS OF YEARS, BUT HAS ANYONE EVER LOOKED AT THE AIDS PROBLEM IN A POPULATION FRAMEWORK AND THOUGHT ABOUT WAYS OF KEEPING THE BIRTH CONTROL RATE DOWN?

DR. KOOP: WELL, I DO NOT THINK ANYBODY IN PUBLIC HEALTH IS VERY HAPPY ABOUT USING A DISEASE TO TAKE CARE OF POPULATION PROBLEMS. SO, IT GOES AGAINST THE GRAIN, AND ALTHOUGH I HAVE HEARD PEOPLE SAY WHAT YOU HAVE SAID, THEY SAY THAT ABOUT FAMINE, THEY SAY IT ABOUT FLOODS AND HURRICANES, AND I THINK THAT IS GIVING AN AWFUL LOT OF INTELLIGENCE TO THIS VIRUS THAT I DO NOT THINK IT REALLY HAS.

BUT I DO KNOW THAT THE TREMENDOUS SUCCESS THAT A.I.D. AND WHO HAVE HAD IN ORAL REHYDRATION, FOR EXAMPLE, SAVING THE CHILD -- THE LIVES OF CHILDREN IS GOING TO BE WIPED OUT BY AIDS. I AM ALSO FEARFUL THAT BECAUSE THIS IS A DISEASE WHICH STRIKES PEOPLE IN AFRICA IN THE PRIME OF LIFE, THE VERY PEOPLE THAT YOU LOOK TO FOR THE CARE OF CHILDREN, FOR THE CARE OF THE ELDERLY, FOR THE JOBS ON THE MAJOR FARMS, FOR BANKS, FOR THE BUSINESSES AND THE GOVERNMENT OF THE WORLD, TO SAY NOTHING OF HEALTH CARE, I THINK WE ARE GOING TO SEE COUNTRIES THAT ARE NOW FACING DESTINATION, LOSE THE VERY IMPORTANT PART OF THEIR POPULATION THAT KEEPS THEM GOING.

IF THIS EPIDEMIC IS NOT TURNED AROUND BEFORE THE END OF THE CENTURY, I THINK WE COULD SEE SOME OF THOSE COUNTRIES IN VERY SERIOUS CONDITION.

NOW, REMEMBER WHENEVER WE TALK ABOUT THE FUTURE THAT IF YOU COULD, BY MAGIC, STOP THE TRANSMISSION OF THIS VIRUS TODAY, THERE WOULD STILL BE A TREMENDOUS AMOUNT OF HAVOC IN THE WORLD BECAUSE OF THE LONG INCUBATION PERIOD.

YOU WOULD STILL SEE FOR THE NEXT TEN YEARS, AT LEAST, INCREASING NUMBERS OF PEOPLE WITH AIDS AND THE DISABILITY THAT GOES WITH IT.

SO, IT WILL AFFECT THE POPULATION OF THE WORLD. I WOULD HATE TO SEE IT MOVE IN SUCH DIRECTIONS THAT IT TOOK CARE OF SOME OF THE POPULATION PROBLEMS BECAUSE IT WILL DO A LOT OF OTHER WE DID NOT WANT IT TO DO AT THE SAME TIME.

MS. FOULDS: I DID NOT MEAN TO IMPLY THAT THE DISEASE SHOULD BE LOOKED UPON AS A --

DR. KOOP: NO, I DID NOT INTERPRET IT THAT WAY.

MS. FOULDS: BUT, I AM JUST WONDERING IF ANYBODY IS APPROACHING IT IN THESE TERMS BECAUSE WE KNOW THAT THE

POPULATION RATE IS OUT OF CONTROL ESPECIALLY IN PLACES LIKE CHINA.

IF YOU LOOK AT ANIMAL POPULATIONS, THEY SEEM TO BE KEPT AT A CONTROLLABLE WEIGHT THROUGH --

DR. KOOP: TO ANSWER THAT PART OF YOUR QUESTION, I KNOW OF NO ONE THAT HAS DONE THAT. I KNOW OF PEOPLE WHO HAVE SPECULATED. THE MAJOR PROBLEMS ARE NOT IN THE PARTS OF THE WORLD WHERE THE POPULATIONS ARE THE GREATEST.

QUESTION: (INAUDIBLE) LONDON. IN COMBATING THE AIDS EPIDEMIC, IS IT MORE USEFUL TO PROMULGATE THE USE OF CONDOM OR THE MORAL CONDUCT, SINCE IT IS LARGELY IDENTIFIED AS HIGH-RISK GROUP, ESPECIALLY IN THIS COUNTRY?

DR. KOOP: I DO NOT THINK YOU CAN ANSWER THAT QUESTION AS EITHER, OR. WHENEVER I AM ASKED THAT QUESTION IN THIS COUNTRY WHETHER IT IS A CONFERENCE LIKE THIS OR YOUNG PEOPLE IN HIGH SCHOOL, OR YOUNG ADULTS IN THE WORKFORCE, I ALWAYS GO THROUGH THE SAME LITANY.

I START OF BY SAYING THAT THE ONLY WAY THAT YOU CAN BE ABSOLUTELY ONE HUNDRED PERCENT CERTAIN THAT YOU WILL NOT GET AIDS, IS NOT TO SHARE INTRAVENOUS DRUGS WITH OTHER PEOPLE, AND SECONDLY TO REMAIN SEXUALLY ABSTINENT. NOW THAT IS GOOD ADVICE FOR KIDS IN HIGH SCHOOL, BUT IT IS NOT A VIABLE WAY OF LIFE FOR MOST ADULTS.

THEN WHAT I SAY IS THE ANSWER FOR ADULTS IS TO MAINTAIN MUTUALLY FAITHFUL MONOGAMOUS RELATIONSHIPS. WHAT I SAY TO PEOPLE WHO HAVE NOT YET FOUND ONE IS TO FIND SOMEBODY WHO IS WORTHY OF YOUR RESPECT AND YOUR LOVE, GIVE THAT PERSON BOTH, EXPECT THE SAME FROM HIM, AND REMAIN FAITHFUL TO EACH OTHER.

NOW THAT TAKES CARE OF MOST PEOPLE, BUT THERE ARE ALWAYS PEOPLE WHO WILL NOT LISTEN TO THOSE TWO MESSAGES, AND THEY BOTH HEALTH MESSAGES AND MORAL MESSAGES. BUT FOR THOSE PEOPLE WHO DO NOT HAVE THE POSSIBILITY OF ABSTINENCE OR WHO CANNOT OR WILL NOT MAINTAIN A MONOGAMOUS RELATIONSHIP, YOU HAVE TO SAY, UNLESS YOU ARE ONE HUNDRED PERCENT CERTAIN ABOUT YOUR PARTNER, YOU MUST PROTECT YOURSELF.

THE ONLY WAY WE HAVE TO PROTECT A PERSON IS WITH THE USE OF A CONDOM AND SPERMICIDE AT THE SAME TIME WILL ALSO KILL THE VIRUS. BUT WE HAVE TO ALSO ADD IN THE SAME BREATH THAT

CONDOMS ARE NOT ONE HUNDRED PERCENT RELIABLE, BUT I WOULD HAVE TO SAY IN HONESTY THAT A CONDOM AS A GADGET IS MORE RELIABLE THAN THE PEOPLE WHO USE CONDOMS.

BECAUSE MOST OF THE FAILURES -- MOST OF THE FAILURES WITH CONDOMS, NOT TO DO WITH THE FACT THAT IT IS A PIECE OF RUBBER THAT BREAKS OR TEARS, IT HAS TO DO WITH FACT THAT THE PERSON WHO USED IT DID NOT OBEY THE RULES. SO, IF WE SAY FROM START TO FINISH AND, YOU KNOW, TELL PEOPLE HOW TO PUT THEM ON AND HOW TO TAKE THEM OFF.

MR. POPE: WE WILL GO OVER HERE. YES, SIR?

QUESTION: DR. KOOP, I AM FROM NEPAL. WE HAVE REPRESENTATIVES OF --

DR. KOOP: I WORKED AT THE SHANTABOWAN (INAUDIBLE) HOSPITAL.

QUESTION: OH, I MUST HAVE KNOWN YOU BEFORE BECAUSE I WAS AN ASSISTANT WITH SHANTABOWAN ALSO.

DR. KOOP: OKAY.

QUESTION: WELL, GIVEN THE SITUATION IN THE THIRD WORLD A NUMBER OF COMMUNICATIVE DISEASES, ALL SORTS OF PROBLEMS, AND NOW WE HAVE AIDS ALTHOUGH IN NEPAL WE HAVE NOT DETECTED ANY CASES, BUT IT MAY BE IN THE FUTURE, THAT MEANS WE ARE ADDING A BIGGER PROBLEM WITH THE EXISTING PROBLEMS.

YOU ARE IN A VERY INFLUENTIAL POSITION AND YOU ARE, AS I SEE IT HERE, THE INTERNATIONAL CORPORATION OF PUBLIC HEALTH MATTERS, AND WHEN I WENT THROUGH THE STATISTICS ON FOREIGN AID TO DEVELOPING COUNTRIES, I THINK U.S. CONTRIBUTION TO THE THIRD WORLD IS LESS THAN ONE PERCENT OF THE TOTAL BUDGET.

WHEREAS, OTHER COUNTRIES HAVE APPROACHING ONE PERCENT OR SO.

DR. KOOP: LET'S GET THAT STRAIGHT. WHAT BUDGET OF WHAT, WHO?

QUESTION: NO, NO, NO. THE CONTRIBUTION TO THE THIRD WORLD AID -- AID TO THE THIRD WORLD, THE U.S. IS MUCH LESS THAN OTHER, SAY THE SCANDINAVIAN OR SOME EUROPEAN COUNTRIES.

DR. KOOP: IT IS MUCH GREATER, BUT IT IS NOT ANY HIGHER PER CAPITA.

QUESTION: WELL IN ABSOLUTE NUMBER IT IS MUCH GREATER, BUT IN SOME PERCENTAGE RELATIVELY SPEAKING IT IS MUCH SMALLER. SO, IF WE COULD, YOU BEING IN AN INFLUENTIAL POSITION, IF YOU COULD LOBBY HERE TO SAY INCREASE YOUR ASSISTANCE TO THE THIRD WORLD PROBABLY WE CAN TAKE CARE OF LOTS OF PROGRAMS.

DR. KOOP: WELL, I THINK YOU OVER ESTIMATE MY INFLUENCE. IT IS VERY DIFFICULT TO INCREASE, AND IT IS EASIER TO INCREASE, GIVING IN A SMALL COUNTRY LIKE SCANDINAVIA, BECAUSE THE TOTAL AMOUNT YOU ARE TALKING ABOUT DOES NOT SEEM SO ASTRONOMICAL.

TO THE AVERAGE PERSON WHO PAYS TAXES IN THIS COUNTRY WHEN THEY KNOW JUST HOW MUCH A.I.D. DOES, FOR EXAMPLE, IN THE THIRD WORLD, THEY THINK IT IS TOO MUCH BECAUSE OF THE HUGE NUMBERS. THERE IS IN THIS COUNTRY A SPIRIT OF ALTRUISM I BELIEVE.

WE ARE A GENEROUS PEOPLE AND THERE IS A LOT OF AID TO THE THIRD WORLD THAT GOES THROUGH PRIVATE SOURCES AS WELL. THAT IS VERY DIFFICULT TO MEASURE. BUT, YOU KNOW, IN MEDICINE ALONE THIS COUNTRY HAS HAD SINCE THE 1850S A TREMENDOUS RECORD OF MISSIONARY DOCTORS, MISSIONARY NURSES GOING TO UNDERDEVELOPED COUNTRIES. IN SOME PARTS OF THE WORLD THEY STILL PROVIDE A VERY SIGNIFICANT PART OF THAT CARE.

I KNOW A LITTLE BIT, WHILE I AM TALKING, BECAUSE THAT IS HOW I GOT TO SHANTABOWAN.

MR. POPE: NEXT QUESTION. WE WILL GET THIS ONE BACK HERE THEN WE COME BACK.

MS. PALMER: I AM MARGARET PALMER WITH KYOTO NEWS SERVICE. I AM WONDERING -- THIS IS NOT ON AIDS THIS IS ON SMOKING.

DR. KOOP: GOOD.

MS. PALMER: YESTERDAY THERE WAS A HEALTH CONFERENCE THAT HAD TO DEAL WITH INTERNATIONAL HEALTH AND TOBACCO --

DR. KOOP: I WAS ITS MODERATOR.

MS. PALMER: OKAY, I WAS WONDERING IF YOU HAD SOME -- ANY COMMENTS ON THE CONFERENCE? I KNOW IT HAD TO DEAL SORT OF WITH ASIA AND THE SPREAD OF TOBACCO PRODUCTS THERE.

DR. KOOP: NO, WHAT IT HAD TO DO WITH WAS THE CONCERN THAT, WE, WHO ARE CONCERNED ABOUT SMOKING IN THIS COUNTRY, HAVE IN CONCERT WITH WHO THAT JUST AS WE HAVE BEEN TALKING ABOUT, AS THE GENTLEMEN FROM NEPAL SAID, BEFORE THEY HAVE GOTTEN RID OF THEIR INFECTIOUS DISEASES AND THOSE OTHER THINGS, AIDS IS ON THEM. THAT IS MORE COMPETITION THAN THEY NEED.

BUT, OUR CONCERN IS THAT BEFORE MANY OF THE DEVELOPING NATIONS OF THE WORLD WILL COME OUT OF THE SITUATION WHERE THEY HAVE NOT YET CONTROLLED THEIR INFECTIOUS DISEASE AND GOTTEN CLEAN WATER SUPPLY, PRIMARY CARE FOR EVERYBODY, THAT THE HEALTH EFFECTS OF SMOKING WILL BE ADDED TO THE HEALTH EFFECTS OF AIDS AND THAT COULD BE DEVASTATING FOR SOME COUNTRIES.

SO WHAT WE WERE TALKING ABOUT IS THE FACT THAT WESTERN NATIONS SHOULD NOT EXPORT DISEASE, DISABILITY, AND DEATH, TO UNDERDEVELOPED COUNTRIES AND IN A COUNTRY LIKE THE UNITED STATES YOU ARE IN KIND OF A BIND ABOUT THAT BECAUSE THE AVERAGE MAN ON THE STREET WOULD AGREE WITH ME COMPLETELY.

ON THE OTHER HAND, THIS IS A NATION WHERE FREE ENTERPRISE RUNS RAMPANT, AND THAT MEANS THAT IF A TOBACCO COMPANY WANTS TO GO TO XYZ COUNTRY AND SELL THEIR CIGARETTES, THAT IS CONSIDERED GOOD TRADE.

THEN THERE IS ALSO THE COMPLICATING FACTOR IN THE BALANCE OF TRADE WHICH HAS TO DO WITH THE ECONOMICS OF THE WHOLE WORLD. YOU KNOW THAT ONE OF THE THINGS THAT HAS CRIPPLED THIS COUNTRY ECONOMICALLY IS THE FACT THAT WE HAVE SUCH A NEGATIVE BALANCE OF TRADE WITH SOME OF THE OTHER COUNTRIES IN THE WORLD.

IF YOU TAKE IT ALL IN THE AGGREGATE ONE OF THE THINGS THAT PEOPLE WANT MOST FROM US IS CIGARETTES. OUR CONFERENCE YESTERDAY WAS TRYING TO WALK A FINE LINE AND NOT TRY TO DICTATE TO THE COUNTRY WHAT THEIR TRADE POLICIES COULD BE, BECAUSE THAT IS NOT MY BUSINESS, BUT TRY TO INFORM THOSE WHO MADE TRADE POLICIES OF THE VERY SERIOUS HEALTH CONSEQUENCES OF SOME KINDS OF TRADE.

I WOULD SAY WE GOT OUT OF IT FAIRLY WELL. I DO NOT KNOW.

MR. POPE: WE WILL GO BACK OVER TO HERE.

MS. LINARES: DELIA LINARES, FROM THE VENEZUELAN NEWS AGENCY. I HAVE TWO QUESTIONS.

FIRST OF ALL, I WONDER IF YOU -- YOU SEEM TO HAVE -- AS A DOCTOR AS A MILITARY -- IF YOU HAVE MADE ANY PROJECTIONS ABOUT THE TREATMENT OF LIFE IN CENTRAL AMERICA? FOR ONE THING -- ONE HAND WE HAVE THE EVIL OF THE WAR AND THE OTHER HAND WE HAVE AIDS, WHICH ONE DO YOU THINK WILL TAKE MORE LIVES? ONE THING --

DR. KOOP: IT IS HARD TO TELL. DID YOU SAY YOU SAID I WAS MILITARY? I AM NOT MILITARY.

MS. LINARES: NO?

DR. KOOP: I AM UNIFORMED, THAT IS DIFFERENT. (LAUGHTER.)

DR. KOOP: I DO NOT HAVE A GUN. I HAVE NO GUNS.

MS. LINARES: I AM GLAD THAT YOU - -

DR. KOOP: WE WERE IN THE BUSINESS OF WEARING UNIFORMS BEFORE THERE WAS AN ARMY, NAVY, OR ANYTHING ELSE IN THIS COUNTRY, TWO HUNDRED YEARS OLD, AND WE FIRST WERE PUT IN BUSINESS TO TAKE CARE OF MERCHANT MARINE SEAMEN WHO CAME BACK FROM OTHER COUNTRIES WITH PELLAGRA, AND CHOLERA, AND THINGS LIKE THAT.

IT IS IMPOSSIBLE TO SAY THAT. I DO NOT KNOW HOW ANYBODY CAN ANSWER THAT QUESTION -- SAYING AS WE SHOULD GET RID OF BOTH. THE IMPLICATION OF ANY TWO TRAGEDIES AT ONE TIME IS MORE THAN MANY UNDER-DEVELOPED NATIONS CAN HANDLE.

MS. LINARES: THE OTHER QUESTION HAS TO DEAL WITH THE WAY YOU DISPOSE OF THE BLOOD OF AIDS, AND I WONDER LIKE, IF IN THE EXCREMENT, IF YOU FIND ANY MENACE FOR ANY -- AND WHAT ARE THE HOSPITALS DOING? WHAT DO YOU RECOMMEND?

DR. KOOP: OKAY, LET ME MAKE THIS VERY CLEAR, THE VIRUS OF AIDS CAN BE FOUND IN PRACTICALLY ANY FLUID IN THE BODY, TEARS, SALIVA, PERSPIRATION, STOOL, URINE, BUT IN ALL THOSE THAT I MENTIONED IT IS NOT IN HIGH ENOUGH CONCENTRATION TO BE SPREAD TO SOMEBODY ELSE.

THEREFORE, I WOULD NOT MIND, OR I SHOULD NOT PUT IT THAT WAY WE WOULD GET TO PERSONAL, KISSING -- ORDINARY KISSING WILL NOT PASS AIDS. IF YOU HAVE TO CLEAN UP AFTER A CHILD WHO HAS

VOMITED OR HAD DIARRHEA IN SCHOOL YOU WILL NOT THE VIRUS THAT WAY. IF WE GO OUT TOGETHER AND PLAYED TENNIS AND WE SIT DOWN AND WE ARE BOTH SWEATY AND SIT LIKE THIS WE WILL NOT GET AIDS ONE FROM THE OTHER; BUT ONLY SEMEN AND BLOOD. ARE YOU NERVOUS? (LAUGHTER.)

DR. KOOP: ONLY IN SEMEN AND BLOOD DO YOU HAVE TO WORRY ABOUT THE TRANSMISSION OF THE VIRUS. NOW, WHEN I SAID EARLIER-- AND I STARTED TO TALK FIRST ABOUT I.V. DRUGS, BECAUSE WHEN YOU SHARE NEEDLES IN I.V. DRUG ABUSE YOU ARE GIVING A LITTLE TINY TRANSFUSION -- THE BEST POSSIBLE WAY TO PASS A LARGE CONCENTRATION OF THE VIRUS.

THE REASON THAT YOU FIND THE VIRUS IN SEMEN IS BECAUSE THERE ARE A LOT OF WHITE BLOOD CELLS IN SEMEN AND IT IS IN THE WHITE BLOOD CELLS THAT YOU FIND THE VIRUS.

THE REASON THAT THIS DISEASE WAS FIRST PICKED UP IN THIS COUNTRY AMONG HOMOSEXUALS, IS THAT SOME SEXUAL PRACTICES BETWEEN MEN PRODUCE NOT ONLY SEMEN BUT BLOOD. YOU HAVE THE DIRECT ACCESS OF SEMEN WITH A HIGH VIRUS COUNT INTO THE BLOOD.

NOW, THERE IS ONE OTHER THING THAT SHOULD COME TO YOUR MIND, BECAUSE WE SAY THAT THE VIRUS CAN BE PASSED SEXUALLY FROM MALE TO FEMALE AS WELL AS FEMALE TO MALE, SO IT IS IN THE CERVICAL SECRETIONS OF THE FEMALE THAT YOU FIND THE SAME WHITE BLOOD CELLS. THERE, YOU ALSO FIND, IN SOME PEOPLE, A HIGH VIRUS COUNT.

NOW, IT IS VERY DIFFICULT TO SAY SEXUALLY HOW RAPIDLY THIS VIRUS CAN BE TRANSMITTED BY ORDINARY, NORMAL, VAGINAL SEXUAL INTERCOURSE. WE KNOW IT CAN BE, BUT WE DO NOT KNOW THE EXTENT TO WHICH IT CAN BE BECAUSE OUR EXPERIENCE IS LOW.

AS FAR AS THE BLOOD IS CONCERNED, IF YOU DID NOT HAVE ANY CUT ON YOUR HAND AND YOU CAME IN CONTACT WITH BLOOD FROM AN AIDS PATIENT, YOU WOULD NOT PICK UP THE VIRUS. EVEN IF YOU HAD A CUT ON YOUR HAND YOU MIGHT NOT PICK UP THE VIRUS, BUT THERE IS THE POSSIBILITY.

WHAT WE DO WITH BLOOD THAT HAS COME FROM AN AIDS PATIENT IS TO TREAT IT AS THOUGH IT WERE VERY INFECTIOUS. NOW, IF YOU ARE JUST TAKING BLOOD FROM A PATIENT WITH A SYRINGE AND NEEDLE, YOU PUT IT INTO THE BOTTLE WHERE IT IS TO GO AND YOU DO IT WITHOUT STICKING YOURSELF WITH THE NEEDLE IN THE PROCESS, EVERYTHING SHOULD GO SMOOTHLY.

WHEN YOU HAVE BLOOD LEFT OVER WE THEN EITHER INCINERATE IT OR WE MIX IT WITH ORDINARY HOUSEHOLD BLEACH, WHICH WILL KILL IT. I WANT TO MAKE IT VERY CLEAR TO YOU HOW HARD IT IS TO GET AIDS THIS WAY. WE HAVE IN THIS COUNTRY SEVEN MILLION HEALTH CARE WORKERS, SEVEN MILLION.

LESS THAN TWELVE HAVE CONTRACTED THE VIRUS OF AIDS BY TAKING CARE OF PATIENTS ON THE JOB. NINE OF THOSE WOULD NOT HAVE GOTTEN THE VIRUS IF THEY HAD FOLLOWED THE RULES, BUT THEY DID NOT DO THE THINGS THAT THEY SHOULD HAVE DONE THAT WE PUBLISHED FIVE YEARS AGO FROM THE CENTERS FOR DISEASE CONTROL.

MR. POPE: JOE?

MR. POLAKOFF: MY NAME IS JOE POLAKOFF. I WRITE FOR CANADIAN JEWISH NEWS. YOUR STATEMENTS EARLIER IN YOUR PRESENTATION ABOUT THE DEVASTATION THAT MAY FOLLOW STRUCK ME IN CENTRAL AFRICA BECAUSE OF THE SPREAD OF THE DISEASE.

I WONDER IF IT WOULD BE HELPFUL TO PROVIDE A LITTLE HOPE FOR PEOPLE IF YOU WERE ABLE TO TELL US, HOW CLOSE IS MEDICAL RESEARCH TO THE FINDING OF A MEDICATION THAT WILL, IF NOT CURE A PATIENT WITH THE DISEASE, AT LEAST HALT IT FROM BEING A TERMINAL SITUATION QUICKLY IN A PERSON'S LIFE.

THE OTHER QUESTION THAT COMES WITH IT IS THE FACTOR OF -- FOR EXAMPLE IS THERE INTENSIVE RESEARCH NOW TAKING PLACE FOR AIDS EQUAL TO THAT THAT IS BEING DEVOTED TO CANCER OR SOME OTHER DISEASES THAT ARE DESTROYING SO MANY OF OUR PEOPLE?

DR. KOOP: LET ME ANSWER YOUR SECOND QUESTION FIRST. YES, THE AMOUNT OF MONEY THAT IS BEING PROVIDED FOR RESEARCH AT THIS MOMENT IS QUITE ADEQUATE. THE BUDGET FOR 1989 WILL BE THIRTY EIGHT PERCENT MORE THAN THAT. THAT WILL BE QUITE ADEQUATE.

ONE OF THE IMPORTANT THINGS TO REMEMBER IS THAT RESEARCH DONE FOR CANCER AND RESEARCH DONE FOR AIDS INTERACT VERY WELL. WE WOULD NEVER HAVE BEEN ABLE TO MAKE AS MUCH PROGRESS AS WE HAVE WITH UNDERSTANDING THE AIDS VIRUS HAD IT NOT BEEN FOR THE PREVIOUS DECADE OF WORK ON CANCER WHERE WE LEARNED ALL ABOUT RECOMBINANT DNA AND HOW TO CLONE GENES AND THAT SORT OF STUFF.

IT MADE IT POSSIBLE TO DO GIANT STEPS IN TECHNOLOGY IN DEALING WITH THIS VIRUS. I CAN TELL YOU IN NUMBERS. WE KNOW MORE ABOUT AIDS IN SIX YEARS THAN WE KNEW ABOUT POLIO IN FORTY YEARS. SO, THAT IS REAL PROGRESS.

NOW, TO GO BACK TO YOUR OTHER QUESTION, CAN I GIVE YOU ANY HOPE? I AM AFRAID MY ANSWER IS GLOOMY. THE RESEARCH IN THE DIRECTIONS YOU ARE TALKING ABOUT MOVE ALONG IN SEVERAL DIRECTIONS.

FIRST OF ALL, PEOPLE WOULD LIKE A CURE. NOW, WHEN I USE THE WORD CURE, I MEAN YOU HAVE AN INFECTION LIKE GONORRHEA, YOU GIVE AN ANTIBIOTIC AND THE INFECTION DISAPPEARS AND DOES NOT COME BACK. THAT IS A CURE. EVERYBODY AGREES THAT THAT IS A CURE.

YOU NEVER SEE THAT KIND OF A CURE WITH AIDS BECAUSE THIS VIRUS GOES INTO CERTAIN CELLS IN THE BLOODSTREAM AND UNITES WITH THE ENTIRE GENETIC CODE OF THOSE CELLS AND THERE IS NO WAY YOU CAN COAX IT OUT AGAIN, SO IT WILL ALWAYS BE THERE. SO, THAT KIND OF TRUE CURE, I THINK, IS UNLIKELY.

THE NEXT THING THAT YOU WOULD LIKE TO INVESTIGATE IS SOME KIND OF PHARMACEUTICAL THAT WOULD STOP THE PROGRESS OF THE DISEASE AND THAT IS WHAT AZT IS SORT OF THE PROGENITOR OF. I THINK THERE WILL BE MANY OTHER ANALOGS LIKE THAT.

WHAT AZT DOES, UNFORTUNATELY, IS MERELY PROLONG THE LIFE OF CERTAIN PATIENTS WHO HAVE AIDS, BUT NOT EVERYBODY -- IT CERTAINLY IS NOT A CURE. SO, YOU THINK OF THOSE TWO THINGS.

THE NEXT OBVIOUS THING TO HAVE WOULD BE A DRUG THAT YOU COULD GIVE A PERSON WHO HAD THE VIRUS BUT WAS NOT YET SICK AND COULD POSTPONE IN THAT PERSON'S BODY, THE ONSET OF ANY OF THE TRUE AIDS DISEASES.

THAT IS THE MOST HOPEFUL THING THAT WE CAN LOOK FORWARD TO. WE HAVE THINGS THAT ARE GOING UNDER STUDY ABOUT THAT RIGHT NOW, A STUDY AT NIH WITH SIXTEEN HUNDRED PEOPLE IN IT AND WE OUGHT TO KNOW SOME ANSWERS ABOUT THAT BEFORE LONG.

THE NEXT THING THAT YOU WOULD LIKE TO HAVE IS A WAY OF TREATING SOME OF THE TERRIBLY DEVASTATING, KILLING, OPPORTUNISTIC INFECTIONS. LET'S TAKE PNEUMOCYSTIS CARINII PNEUMONIA. THAT IS HOW WE FIRST DISCOVERED AIDS IN SIX PEOPLE IN CALIFORNIA WHO HAD THAT DEVASTATING TYPE OF PNEUMONIA.

WE ARE NOW DEVELOPING WAYS OF TREATING THAT PNEUMONIA BY INHALING AN AEROSOL SPRAY WHICH GETS RIGHT DOWN INTO THE ALVEOLI OF THE LUNG AND DOES INDEED KILL THE PNEUMOCYSTIS CARINII ORGANISM.

NOW, ALL THAT DOES IS KEEP THE PATIENT FROM DYING OF THAT PARTICULAR COMPLICATION, BUT THEY STILL HAVE AIDS AND THEY STILL HAVE IMMUNO SUPPRESSION AND THEY CAN COME UP WITH THE SAME PNEUMONIA NEXT WEEK OR NEXT MONTH OR THEY CAN GET KAPOSÍ'S SARCOMA OR THEY MIGHT GET INFLUENZA OR CHICKEN POX OR ANYTHING ELSE. SO, THOSE ARE FOUR THINGS THAT HAVE TO DO WITH PHARMACEUTICALS.

THE FINAL THING, AND WOULD BE THE MOST IMPORTANT, WOULD BE TO FIND A VACCINE THAT YOU COULD GIVE TO CLASSES OF PEOPLE AND EVEN IF THEY ENCOUNTER THE VIRUS, THEY WOULD NOT GET THE DISEASE. THERE, IT WOULD BE THE MOST DISCOURAGING OF ALL, IN THIS RESEARCH BECAUSE THE VIRUS OF AIDS IS SO COMPLICATED.

LET ME TELL YOU ABOUT THE HISTORY OF DEVELOPING THE VACCINE FOR HEPATITIS-B. HEPATITIS-B IS A RELATIVELY SIMPLE VIRUS AND FROM THE DAY THAT WE KNEW WE HAD SUCH A VIRUS UNTIL WE HAD A SAFE, EFFECTIVE, READILY AVAILABLE VACCINE WAS NINETEEN LONG YEARS.

NOW, TO BE SURE, ON THE BASIS OF WHAT I SAID BEFORE, WE CAN MOVE FASTER NOW BECAUSE WE KNOW MORE, WE KNOW MORE HIGH-TECH STUFF, BUT THIS VIRUS IS UNBELIEVABLY COMPLICATED.

LET ME TELL YOU A STORY. YOU HAVE ALL HEARD STORIES COMING OUT OF RUSSIA THAT SAY THAT WE IN THE UNITED STATES MADE THE VIRUS FOR GERM WARFARE AND IT ESCAPED SOMEPLACE AND THAT IS WHY WE HAVE AIDS. THAT IS UTTER ROT. LET ME TELL YOU WHY I WANTED TO BRING IT UP AT THIS TIME.

VICTOR ZANOFF (PHONETIC) WAS THE BEST VIROLOGIST THAT RUSSIA HAD IN MODERN TIMES. HE WAS A FRIEND OF MINE. WHEN HE WAS OVER HERE IN APRIL WE WERE TALKING ABOUT THIS AND I WAS TEASING HIM ABOUT THE FACT THAT THIS STORY WAS IN THE RUSSIAN NEWSPAPER.

HE SAID, "CHICK" -- THAT IS MY NICKNAME. HE SAID, "CHICK, THIS VIRUS IS SO COMPLICATED A MAN COULD NEVER HAVE MADE IT. ONLY GOD COULD MAKE IT."

QUESTION: HE SAID THAT? HE IS A COMMUNIST.

DR. KOOP: THAT IS RIGHT. IT WAS SORT OF A BACK-HANDED SLAP FOR GOD. (LAUGHTER)

NOW, THIS MORNING I SAT NEXT TO DR. FAUCI WHO IS RUNNING THE ENTIRE VACCINE PROGRAM FOR THIS COUNTRY AND WE WERE TESTIFYING BEFORE CONGRESSMAN WAXMAN'S COMMITTEE ON AIDS. I WOULD LISTEN TO HIM MORE THAN ANYBODY ELSE.

HE PUT IT THIS WAY. HE SAID, " WE ARE MAKING PROGRESS, IF YOU UNDERSTAND WHAT I MEAN BY PROGRESS. WE ARE DOING A LITTLE BIT AT A TIME. WE ARE LEARNING WHETHER THIS PART OF THE VIRUS CAPSULE WILL PRODUCE ANTIBODIES, BUT I HAVE TO SAY, WE DO NOT KNOW AT THIS MOMENT WHETHER WE WILL EVER HAVE A VACCINE OR NOT, BUT IF EVERYTHING GOES VERY WELL AND WE DO GET A VACCINE, IT IS NOT GOING TO BE UNTIL LATE IN THE 1990S".

MR. POLAKOFF: DR. KOOP, COULD I JUST FOLLOW-UP?

YOU MENTIONED VERY IMPRESSIVE STATISTICS ABOUT WHAT WE ARE DOING AND WHAT IS BEING DONE IN THE UNITED STATES, BUT I WONDER IF YOU WOULD ALSO TELL US -- BY THE WAY, MR. KOOP, I CAN TELL YOU THAT YOU HAVE GIVEN US A HELLUVA GOOD STORY TODAY.

BUT, TO FOLLOW-UP ON THE -- WHAT IS THE REST OF THE WORLD DOING? HOW MUCH COOPERATION IS THERE? ARE ALL OF THE NATIONS OF THE WORLD INVOLVED IN THIS AND IF SO HOW ARE THEY INVOLVED?

DR. KOOP: YES -- NOT ALL. EVERY NATION THAT HAS A RESEARCH CAPABILITY I WOULD SAY IS INVOLVED IN SOME WAY. REMEMBER THAT RESEARCH IS LIKE A MOSAIC. YOU MIGHT BE WORKING IN THIS LITTLE CORNER OF A LABORATORY AND YOU THINK IT IS IMPORTANT, BUT ALL OF A SUDDEN IT IS THE PIECE OF THE JIGSAW THAT MAKES IT ALL GEL AND COME TOGETHER.

WE DO NOT DISCOUNT ANYBODY'S RESEARCH IN THIS DIRECTION. BUT, A COUNTRY LIKE WEST GERMANY, A COUNTRY LIKE FRANCE, UNITED KINGDOM, THE VIROLOGY IS GOING ALONG IN ALL OF THOSE COUNTRIES THE SAME WAY. SOME COUNTRIES ARE A LITTLE BIT AHEAD IN COMPARISON TO VACCINES, WITH PHARMACEUTICALS. OTHERS ARE BETTER WITH VACCINES THAN PHARMACEUTICALS.

REMEMBER THAT EVEN THE COUNTRIES THAT DO NOT HAVE A RESEARCH CAPABILITY ARE THE COUNTRIES WHERE WE CAN GO AND DO CLINICAL STUDIES ON THE PEOPLE WHO NEED HELP MOST, LIKE ZAIRE

AND UGANDA AND SO FORTH, AND WE ARE DOING THAT ALL OF THE TIME.

ONE OF THE THINGS THAT THE WORLD PROGRAM ON AIDS THAT WHO IS DOING THAT MAKES IT SO IMPORTANT IS THAT THEY DO NOT LET EVERYBODY RUN OFF AROUND THE WORLD DOING THE SAME THING. THEY COORDINATE FROM GENEVA AND IF SOMEBODY FROM FRANCE SAYS, "I WOULD LIKE TO DO SO AND SO IN AN AFRICAN COUNTRY." THEY SAY, "THAT IS ALREADY BEING DONE IN ZAMBIA, WHY DON'T YOU DO THIS INSTEAD."

PEOPLE ARE SPREADING THEMSELVES AS THINLY AS POSSIBLE AND THAT IS ONE OF THE GREAT ADVANTAGES OF THAT KIND OF COOPERATION THROUGH AN ORGANIZATION LIKE WHO.

MR. POPE: WE WILL GO RIGHT HERE.

QUESTION: I AM FROM KUWAIT. NOW, MANY COUNTRIES, PARTICULARLY THOSE WITH FEWER REPORTED CASES, NOW IN ORDER TO CONTROL THIS SPREAD OF AIDS WITHIN THEIR OWN BORDERS HAVE RESORTED TO MEASURES AT THE BORDERS, SUBMITTING PEOPLE TO EITHER TESTS OR REQUIRING THE INDIVIDUAL WHO IS SEEKING ENTRY PROVE THAT HE IS AIDS-FREE.

IS THIS A REALISTIC WAY OF CONTROLLING AIDS IN THOSE COUNTRIES, AND I HAVE A FOLLOW-UP, PLEASE.

DR. KOOP: IT WOULD BE A REALISTIC WAY OF KEEPING PATIENTS WITH FULL-BLOWN AIDS OUT OF THE COUNTRY. SOME COUNTRIES TODAY, IF THEY ASK YOU AT THE BORDER, HAVE YOU ANY SWOLLEN LYMPH NODES IN YOUR NECK? HAVE YOU BEEN HAVING NIGHT SWEATS, HAVE YOU LOST WEIGHT, AND SO FORTH? IF YOU ANSWER YES TO THOSE QUESTIONS, THEN THEY EXAMINE YOU AND DO A BLOOD TEST, AND SO FORTH.

SO, IT IS A POSSIBLE WAY TO KEEP PEOPLE OUT OF THE COUNTRY, BUT IF THERE ARE MANY PEOPLE WHO HAVE THE AIDS VIRUS WHO ARE NOT SICK AND WILL NOT BE SICK FOR YEARS, SO IF YOU DO A SCREENING BY ASKING QUESTIONS ABOUT HEALTH, THEY SLIP RIGHT THROUGH.

MORE IMPORTANTLY THAN THAT, THERE ARE PEOPLE WHO ARE CARRYING THE VIRUS WHO WOULD NOT EVEN TEST POSITIVELY IF YOU DID A BLOOD TEST. LET ME MAKE THAT CLEAR. THE DAY THE VIRUS ENTERS YOUR BODY, YOU BECOME INFECTIOUS TO OTHER PEOPLE BY BLOOD OR SEMEN, NOT BY SNEEZING OR KISSING.

NOW, FROM THE DAY YOU GET THE VIRUS YOU ARE INFECTIOUS TO OTHER PEOPLE AND YOU WILL BE INFECTIOUS TO OTHER PEOPLE FOR THE REST OF YOUR LIFE UNLESS ONE OF THESE DRUGS COMES ALONG THAT WILL RENDER THE VIRUS IMPOTENT FOR OTHER PEOPLE, BUT THE ANTIBODY TO THE VIRUS WHICH IS WHAT YOU TEST WHEN YOU DO A BLOOD TEST, IT DOES NOT APPEAR FOR AT LEAST THREE WEEKS AND IN MOST PEOPLE FOUR MONTHS AND THERE ARE ALWAYS SOME PEOPLE IN WHOM IT NEVER SHOWS UP.

SO, YOU COULD GO TO A BORDER AND HAVE A VERY SOLID SCREENING TEST AND DO EVERYBODY WITH A BLOOD TEST AND YOU WOULD STILL HAVE THAT WINDOW THAT YOU COULD KNOW NOTHING ABOUT.

QUESTION: A FEW MONTHS AGO, THERE WAS AN ARTICLE IN ATLANTIC MONTHLY MAGAZINE WITH A VERY DISTURBING REFERENCE TO INSECTS AND PARTICULARLY HEAD LICE -

DR. KOOP: CAPITAL B-U-N-K, BUNK.

QUESTION: REALLY?

DR. KOOP: I CANNOT IMAGINE HOW A MAGAZINE WITH A REPUTATION LIKE ATLANTIC MONTHLY WOULD LET THAT KIND OF GARBAGE GET IN THERE BECAUSE THERE IS ABSOLUTELY NO EVIDENCE THAT MOSQUITOES OR BED BUGS OR LICE OR ANYTHING ELSE CAN TRANSMIT THIS DISEASE.

NOW, SOME VERY INTERESTING THINGS HAVE BEEN DONE. THERE IS A PLACE IN FLORIDA CALLED BOGLADES (PHONETIC), IT HAS THE HIGHEST INCIDENCE OF AIDS IN THIS COUNTRY.

PEOPLE ARE POOR, MANY OF THEM ARE BLACK AND HISPANIC, AND THEY HAVE LOTS OF MOSQUITOES AND NO SCREENS, SO PEOPLE SAID, "SEE, MOSQUITOES, NO SCREENS AND THEY HAVE LOTS OF AIDS, SO MOSQUITOES CAUSE AIDS".

WE WENT AND SPENT -- WE HAD ABOUT TEN PEOPLE WENT AND SPENT MONTHS THERE. NO CHILD WHO HAD NEVER HAD SEXUAL INTERCOURSE, NO MATTER HOW MANY MOSQUITO BITES HE HAD, NEVER HAD AIDS.

NO OLD PERSON WHO HAD CEASED TO BE SEXUALLY ACTIVE, NO MATTER HOW MANY MOSQUITO BITES, NEVER GOT AIDS, BUT THE PEOPLE WHO HAD AIDS WERE EITHER PROMISCUOUS HETEROSEXUALS, I.V. DRUG ABUSERS, OR HOMOSEXUALS.

SO, EVERY STUDY THAT HAS EVER BEEN DONE DISPROVES THE FACT THAT IT CAN HAPPEN. NOW, I AM NOT AN EXPERT ON MOSQUITOES, BUT THERE IS AN EXPERT ON MOSQUITOES THAT I TALKED TO AT NOTRE DAME.

HE SAID, " IF YOU KNEW WHAT A MOSQUITO WAS MADE LIKE, YOU WOULD NEVER WORRY ABOUT THIS FOR ONE MINUTE." WE HAVE EVEN DONE MANY STUDIES ON MOSQUITOES -- IT WAS A VERY INTERESTING STUDY. YOU LET THEM BITE SOMEBODY WITH AIDS AND BEFORE THEY FINISH, YOU SNATCH THEM OFF.

THEN YOU TRY TO INFECT AN ANIMAL, YOU CANNOT DO IT AND YOU TRY TO MAKE THE VIRUS GROW IN THAT BLOOD AND YOU CANNOT DO THAT EITHER. SO, REMEMBER THAT MOSQUITOES ARE IN THE SUCKING BUSINESS, NOT IN THE INJECTING BUSINESS.

QUESTION: AND HEAD LICE AS WELL?

DR. KOOP: HEAD LICE, I DO NOT KNOW MUCH ABOUT, BUT THEY DO NOT PASS AIDS.

QUESTION: I AM FROM ARGENTINA.

DR. KOOP: I HAVE BEEN THERE, TOO. SMOKY, TERRIBLE SMOKING COUNTRY. YOU ARE ALL GOING TO DIE.

QUESTION: IT SEEMS LIKE THE AIDS CRISIS HAVE PROVOKED A KIND OF (INAUDIBLE) MORALLY PRACTICES IN THIS COUNTRY. THERE HAVE BEEN SOME REACTIONS, AT THE BEGINNING, AGAINST FRANK SEXUAL EDUCATION, ALSO THE PROBLEMS RELATED WITH AIDS, DO YOU THINK THIS OPPOSITION HAS CHANGED?

DR. KOOP: YES.

QUESTION: YES? CAN YOU ELABORATE ON THAT?

DR. KOOP: YES. WHEN I WROTE THE -- THE PRESIDENT ASKED ME TO WRITE A REPORT IN SIMPLE ENGLISH FOR THE AMERICAN PEOPLE. I RELEASED THIS TO THE PUBLIC OCTOBER 1986 AND IMMEDIATELY THERE WAS A TERRIBLE OUTCRY BECAUSE IN THIS COUNTRY JUST MENTIONING THE WORD "SEX EDUCATION" IN A GROUP THIS BIG WOULD DIVIDE IT DOWN THE MIDDLE.

ONE HALF WOULD SAY, " YES, I WANT MY CHILD EDUCATED BUT NOT WITH YOUR STANDARDS." THE OTHER WOULD SAY, "I DO NOT WANT TO HEAR A WORD."

OKAY? SO WE ALWAYS HAD PROBLEMS THERE WAS A BUZZ WORD HOSTILITY, AND WHEN I CAME OUT AND NOT ONLY SAID THAT YOU HAD TO TEACH YOUNG PEOPLE ABOUT AIDS, BUT YOU COULD NOT TEACH ABOUT AIDS UNTIL YOU HAD TALKED TO THEM ABOUT THEIR OWN SEXUALITY, THERE WAS A TREMENDOUS REACTION.

NOW, THE REACTION CAME MOSTLY FROM CONSERVATIVE PEOPLE, AND THEY WERE DIVIDED, I WOULD SAY, INTO POLITICALLY CONSERVATIVE AND TO RELIGIOUSLY CONSERVATIVE.

I CAN TELL YOU THAT YOU CAN MAKE NO IMPACT ON THE POLITICALLY CONSERVATIVE. THEY HAVE NOT CHANGED THEIR MINDS, THEY HAVE STAYED RIGHT THERE, AND THEY THINK THAT WHEN YOU TALK ABOUT SOMETHING LIKE A CONDOM, THAT EVERY KID IN THE WORLD IS GOING TO RUN RIGHT OUT AND BUY ONE AND TRY IT.

NOW, I DO NOT THINK THAT IS GOING TO HAPPEN. I HAVE TO SAY TO THE GREAT CREDIT OF THE RELIGIOUS CONSERVATIVE PEOPLE -- WHAT WE CALL THE RELIGIOUS RIGHT. THEY LISTENED TO THE MESSAGE AND THEY RESPONDED TO THE MESSAGE.

FOR EXAMPLE, THE NATIONAL ASSOCIATION OF HEBREW CONGREGATIONS, THEY SAID, "WE DO NOT LIKE WHAT WE HEAR; WE ARE GOING TO WRITE OUR OWN SEX CURRICULUM," AND THEY DID.

I CHALLENGED THE SOUTHERN BAPTIST IN THIS COUNTRY, TWENTY SIX MILLION PEOPLE ON RELIGION. I SAID, " IF YOU DO NOT LIKE WHAT IS GOING ON IN SCHOOLS, WRITE YOUR OWN," AND THEY DID.

THAT IS FOR SALE AND PEOPLE ARE USING IT, BUT OVER THE TIME NOW -- IT IS ABOUT FIFTEEN MONTHS SINCE THAT REPORT CAME OUT, THERE HAS BEEN A TREMENDOUS CHANGE IN THIS COUNTRY.

IF YOU WOULD HAVE TOLD ME IN JANUARY, FEBRUARY 1987 THAT RIGHT NOW SEVENTEEN STATES IN THIS COUNTRY WOULD HAVE PASSED LAWS MANDATING, NOT ONLY AIDS EDUCATION, BUT SEX EDUCATION BEFORE THAT, I WOULD HAVE SAID IT IS IMPOSSIBLE.

IN ONE YEAR, THAT HAPPENED AND THAT IS GOOD. I THINK THERE ARE VERY FEW GOOD THINGS THAT WILL COME OUT OF AIDS, BUT ONE OF THEM MIGHT BE THAT WE WILL TEACH OUR CHILDREN SENSIBLY THEIR OWN SEXUALITY AND THEY WILL PASS IT ON TO THEIR CHILDREN.

LET ME JUST SAY A COUPLE MORE THINGS. I AM CONVINCED THAT YOU CAN TEACH YOUNG CHILDREN THINGS ABOUT THEIR OWN SEXUALITY IN A NON-FRIGHTENING, NON-THREATENING WAY, THAT YOU CAN DO IT IN FAMILY CONTEXT AND YOU TEACH THEM ABOUT RESPECT FOR THEIR BODIES AND FOR OTHER PEOPLE'S BODIES AND WHAT A LOVING, KIND, CARING, CONSIDERATE RELATIONSHIP CAN BE.

NOW, I ALSO BELIEVE, BUT CANNOT PROVE THAT IF YOU GET THIS FATHER TELLING HIS CHILD THE SAME THING THAT THIS FATHER TELLS HIS CHILD, THAT IS RE-ENFORCEMENT. REMEMBER WHEN YOU WERE A KID, IF YOUR FRIENDS SAID, " MY FATHER SAID SO TOO," IT WAS THE TRUTH.

SO, YOU GET PARENTS WORKING TOGETHER. IF THAT IS RE-ENFORCED IN SCHOOLS AND THAT IS RE-ENFORCED IN THE CHURCHES, YOU CAN RAISE A GENERATION IN THIS COUNTRY OF ADOLESCENTS WHO WILL BE A LOT LESS SEXUALITY ACTIVE THAN THEY ARE NOW.

THAT WOULD BE GOOD NOT ONLY FOR AIDS BUT FOR CORNETIA (PHONETIC), SYPHILIS, GONORRHEA AND TEENAGE PREGNANCY.

QUESTION: IS THERE SOME INDICATION ABOUT THIS (INAUDIBLE) GOING TO BE LESS SEXUALLY ACTIVE AS A CONSEQUENCE OF SEX EDUCATION?

DR. KOOP: OF UNDERSTANDING THEIR OWN SEXUALITY AND AIDS?

QUESTION: YES.

DR. KOOP: BUT, YOU HAVE TO START EARLY ENOUGH. YOU CANNOT DO IT WHEN THEY ARE-

QUESTION: YOU MEAN LESS PROMISCUOUS?

DR. KOOP: RIGHT.

QUESTION: I AM WITH TELEVISA, MEXICO. I WAS LISTENING TO A TELEVISION PROGRAM THE OTHER NIGHT WHERE THEY HAD -- COSMOPOLITAN IF I AM ALLOWED TO.

THEY WERE SAYING THAT THIS WAS ALL A HOAX, THAT IT WAS DREAMED UP BY THE ULTRA-RIGHT RELIGIOUS GROUPS. NOW, HOW DO CHALLENGE THAT? THEY SAY ACCORDING TO THEIR FIGURES COSMOPOLITAN HAS TEN MILLION READERS.

DR. KOOP: I THINK THAT WAS THE GREATEST DISSERVICE THAT COSMOPOLITAN COULD EVER HAVE DONE ITS READERSHIP, WHICH ARE WOMEN. WHEN YOU THINK THAT THE GREAT FEMINIST, GLORIA STEINHAM, IS THE EDITOR OF THAT, YOU WONDER WHERE SHE WAS WHEN THEY PUT IT IN THE MAGAZINE.

THE MAN WHO WROTE THAT ARTICLE IS A GUY NAMED GOULD. HIS CREDIT ABOUT AIDS IS THAT HE TEACHES PSYCHOANALYSIS IN A NEW YORK MEDICAL SCHOOL AND HE HAS A PRIVATE PRACTICE IN NEW YORK CITY.

WHAT HE SAYS IS ABSOLUTELY UNTRUE.

WHAT I SAID TO YOU BEFORE IS TRUE AND THAT IS THE DISEASE IS PASSED HETEROSEXUALLY. WE JUST DO NOT KNOW WHAT THE POTENTIAL IS FOR IT. AT THIS MOMENT, IN THIS COUNTRY, OF ALL THE PEOPLE WHO HAVE EVER ACQUIRED AIDS OVER FIFTY-NINE THOUSAND, FOUR PERCENT GOT THE AIDS BY NORMAL, VAGINAL, SEXUAL INTERCOURSE.

WE PROJECT THAT BY 1990, FIVE PERCENT OF THE PEOPLE IN THIS COUNTRY WILL HAVE GOTTEN AIDS BY NORMAL, HETEROSEXUAL, VAGINAL INTERCOURSE. THE NUMBERS ARE BIG. THAT IS FIVE PERCENT OF A HUNDRED THOUSAND. IN 1991 THERE WILL BE TWO HUNDRED THOUSAND AND THERE WILL PROBABLY BE SIX PERCENT OF THAT.

WE HAVE NEVER GOTTEN A HEAD OF OUR SCIENCE IN PREDICTING NUMBERS. WE HAVE NEVER TALKED ABOUT NUMBERS UNTIL WE HAD SOME EXPERIENCE, SO WE WAITED FIVE YEARS BEFORE WE SAID ANYTHING AND WE TALKED ABOUT FIVE YEARS, SO WE HAVE NOT SAID ONE THING PAST 1991.

TO SAY TO A WHOLE GENERATION THAT YOU CAN ABANDON THE CONCERNS ABOUT SEXUAL TRANSMISSIONS OF THIS DISEASE IS JUST A TERRIBLE DISSERVICE.

WHAT GOULD DID WAS TO PUT TOGETHER A LOT OF BITS OF INFORMATION. HE TOOK SOME STUFF FROM AFRICA, SOME STUFF FROM HERE AND SO FORTH, BUT IT DOES NOT CHANGE THE FACT THAT IN THIS COUNTRY, FOR EXAMPLE, WE HAVE THOUSANDS OF PEOPLE WHO CARRY THE VIRUS BECAUSE THEY GOT IT IN A BLOOD TRANSFUSION OR IN THE CLOTTING FACTORS FOR HEMOPHILIA.

WE KNOW THAT WHEN THOSE MEN LIVE WITH THEIR WIVES AND CARRY ON NORMAL SEXUAL ACTIVITY, THOSE WOMEN GET AIDS. WE HAVE LOTS OF OTHER EXAMPLES, TOO.

MR. POPE: WE HAVE A LOT OF JEOPARDY PLAYERS HERE AND THEY SAID THAT HELEN BROWN IS THE EDITOR OF COSMOPOLITAN.

DR. KOOP: OH, WHAT IS THE OTHER ONE -- FORGIVE ME GLORIA.

QUESTION: ALBER (PHONETIC), OBGYN AND PROFESSOR OF SEX EDUCATION IN THE DOMINICAN REPUBLIC.

DR. KOOP: I HAVE BEEN THERE. DO YOU KNOW WHO I AM?

QUESTION: YES.

DR. KOOP: DO YOU KNOW WHAT I DID IN THE DOMINICAN REPUBLIC?

QUESTION: YES.

DR. KOOP: WHAT DID I DO?

QUESTION: I DO NOT REMEMBER. (LAUGHTER)

DR. KOOP: I DID TWO THINGS. I STOPPED AN EPIDEMIC OF DIARRHEA THAT HAD NINETY PERCENT MORTALITY AND I SEPARATED THE SIAMESE TWINS, ALTA AND CLARA RODRIGUEZ. I WEAR THE ORDER OF DUARTE SANCHEZ Y MEA (PHONETIC). SO, THERE.

MR. POPE: NOW, WE REMEMBER.

DR. KOOP: YOUR KING NEVER GAVE ME A MEDAL.

QUESTION: YOU DIDN'T STAY LONG ENOUGH. (LAUGHTER)

I WOULD LIKE TO KNOW WHICH ONE IS YOUR RECOMMENDATION FOR THE HOSPITAL OF OUR COUNTRY? WE HAVE TO RE-USE THE NEEDLES IN THE HOSPITAL.

DR. KOOP: YOU HAVE TO RE-USE THE NEEDLES?

QUESTION: YES.

DR. KOOP: WHAT YOU OUGHT TO DO, WASH THEM OUT WITH BLEACH AND THEN STERILIZE THEM WITH HIGH STEAM PRESSURE. IF YOU HAVE NOT GOT THAT THEN THEY CAN BE BOILED FOR ABOUT TWENTY MINUTES.

QUESTIONS: YOU CAN USE SOLUTIONS WITH --

DR. KOOP: NO. YOU CAN, BUT I WOULD NOT.

WE GO INTO THE GHETTOS OF NEW YORK CITY AND TRY TO GET A DRUG ABUSER TO WASH HIS NEEDLES WITH BLEACH. THAT IS BETTER THAN STICKING HIS FRIEND WITH THE SAME BLOOD.

WORKING IN A HOSPITAL, I THINK YOU OUGHT TO GO TO HEAT STERILIZATION.

QUESTION: THANK YOU.

QUESTION: I AM FROM COLOMBIA.

DR. KOOP: I HAVE NOT BEEN THERE, SORRY.

QUESTION: YOU ARE MISSING A LOT.

HOW MUCH OF AN IMPACT DO YOU THINK YOU WILL OBTAIN BY GIVING OUT NEEDLES TO I.V. DRUG USERS? I UNDERSTAND THERE IS A PROGRAM IN THE --

DR. KOOP: YOU GET AN IMPACT, BUT I AM NOT SURE IT IS A GOOD IMPACT.

LET ME GO OVER THAT WITH YOU A LITTLE BIT. FROM THE VERY BEGINNING WHEN WE KNEW THAT THERE WAS A WAY OF PASSING THE VIRUS FROM PERSON TO PERSON WITH A NEEDLE, THE QUESTION OF USING NEEDLES CAME UP.

IMMEDIATELY YOU GET A REACTION IN ALMOST ANY COUNTRY. YOU SAY, " WHY SHOULD WE AID AND ABET AN ILLEGAL, IMMORAL PRACTICE THAT IS KILLING PEOPLE?" SO, THERE IS VERY SLOW PROGRESS IN DOING THAT.

THEN THE NEXT THING THAT HAPPENED WAS THAT THE NETHERLANDS DID A STUDY AND THEY FOUND TWO THINGS THAT WERE VERY IMPORTANT. ONE, THAT BY HAVING FREE NEEDLES DID NOT INCREASE DRUG ABUSE, WHICH WAS THE FEAR OF MANY PEOPLE.

THEY ALSO FOUND OUT THAT IF YOU OFFERED THIS TO INDIVIDUALS WHO REFUSE TREATMENT FOR THEIR DRUG ABUSE, THAT YOU DID MAKE SOME INROADS AGAINST INCIDENTS OF NEW CASES.

MY FEELING IS THAT YOU HAVE TO KNOW WHAT YOU ARE DOING IN EVERY SPECIFIC CULTURE AND WHAT YOU LEARN IN AMSTERDAM MIGHT NOT WORK IN DETROIT, NEW YORK. LET ME TELL YOU ABOUT MY EXPERIENCE IN SCOTLAND. IF YOU KNOW SCOTLAND, THERE ARE THREE SCOTTISH CITIES AN HOUR APART, DUNDEE, GLASGOW AND EDINBURGH.

THE SCOTCH DEPARTMENT OF HEALTH WHICH IS PART OF THE U.K. GENERAL DEPARTMENT OF HEALTH AND SOCIAL SERVICES, SAID THAT THEY WERE GOING TO START A FREE NEEDLE PROGRAM IN EACH OF THOSE THREE CITIES. THESE ARE ALL VERY ORTHODOX SCOTS AND VERY HOMOGENEOUS AS A CLASS OF PEOPLE.

IN DUNDEE, THE PHYSICIANS SAID, "WE WILL HAVE NOTHING TO DO WITH THIS BECAUSE IT IS AN ILLEGAL PRACTICE AND BY GIVING FREE NEEDLES WE ARE AIDING AND ABETTING AN ILLEGAL PROCEDURE." SO, IT DIED IN THAT CITY.

IN GLASGOW, THE DRUG ADDICTS SAID, " WE DO NOT WANT TO BE KNOWN AS DRUG ADDICTS, SO WE WILL NOT GO TO THE GOVERNMENT STORE AND CHANGE OUR DIRTY NEEDLES FOR CLEAN NEEDLES, BUT WE HEARD YOU AND WE WILL BUY OUR NEEDLES AND SYRINGES IN THE PHARMACY." NOW, YOU CAN DO THAT IN GLASGOW, BUT YOU CANNOT DO IT IN THE UNITED STATES BECAUSE IT IS ILLEGAL.

IN EDINBURGH, THEY BEHAVE QUITE DIFFERENTLY. IT IS JUST LIKE QUEUING UP FOR A BUS IN LONDON. THEY WENT IN ONE DOOR WITH THE DIRTY STUFF AND CAME OUT THE OTHER DOOR WITH THE CLEAN STUFF AND THEY DIDN'T CARE WHO KNEW IT.

I SAY THAT TO TELL YOU THAT YOU CANNOT COMPARE CULTURES EVEN IN CITIES THAT ARE ONLY AN HOUR APART. YOU HAVE TO BE VERY CAREFUL IN SAYING, " IT WORKED IN AMSTERDAM AND IT OUGHT TO WORK IN NEW YORK." I DO NOT BELIEVE THAT YOU SHOULD EVER GO TO SOMEBODY WHO IS WAITING IN LINE FOR DRUG TREATMENT, WHO IS ALREADY IN HIS MIND SAID, " I HAVE GOT TO STOP THIS" AND SAY, " WE WILL GIVE YOU SOME FREE NEEDLES". NOW THAT IS TERRIBLE. SO, YOU HAVE TO CHOOSE THE KIND OF POPULATION YOU OFFER THIS TO VERY CAREFULLY.

ANOTHER FASCINATING THING TO ME IS, I KNOW THE DRUG ABUSE GROUP IN NEW YORK FAIRLY WELL. THEY TEND TO BE BLACK, HISPANIC, HAVE HAD VERY FEW CHOICES TO MAKE IN LIFE. THE ONES THEY HAVE MADE ARE POOR.

NOW, THEY ARE ADDICTED TO A TERRIBLE DRUG, HEROIN. THE REASON THAT YOU CANNOT COMPARE THEN WITH THE PEOPLE IN

EDINBURGH IS THAT THE NEW YORK DRUG ABUSER IS FUNCTIONALLY ILLITERATE, SO HE CANNOT READ A MESSAGE AND HE LEADS SUCH A FRAGMENTED LIFE, HE CANNOT COME INTO A PLACE LIKE THIS WHERE YOU CAN TALK TO HIM OR SHOW HIM A VIDEO.

IT IS REALLY THE TOUGHEST GROUP IN THIS COUNTRY TO REACH AND MANY PEOPLE WHO HAVE WORKED WITH I.V. DRUG ABUSERS FOR YEARS IN AMERICA SAY THAT HARD CORE NEWARK, MIAMI, NEW YORK DRUG ABUSER YOU NEVER WILL REACH. HE CANNOT BE REACHED.

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THE THING THAT IMPRESSED ME SO ABOUT GOING TO EDINBURGH WAS THAT ALL OF THE DRUG ABUSERS WERE SCOTS. MANY OF THEM WERE MARRIED AND THEY ALL READ. IT IS QUITE DIFFERENT. THAT IS ALL I AM GOING TO SAY ABOUT THAT.

QUESTION: DR. EVERETT KOOP, I AM A DOCTOR FROM MALAYSIA. I WOULD LIKE TO BRING YOU AWAY A LITTLE BIT FROM THE AIDS PROGRAM.

DR. KOOP: I WOULD LIKE THAT.

QUESTION: ONE OF THE MAIN KILLERS IN THE WEST, IN THE (INAUDIBLE) IS CARDIOVASCULAR DISEASE, AND THE POPULOUS THE PEOPLE IN THE U.S. REALIZE IN GENERAL THAT CARDIOVASCULAR DISEASE IS RELATED TO THE LEVEL OF CHOLESTEROL IN THE BLOOD AND THAT THIS IS EFFECTED BY DIET.

NOW, THIS IS TAKEN ADVANTAGE BY CERTAIN GROUPS IN THIS COUNTRY TO TRY TO PROFIT FROM THE AGRICULTURAL COMMODITIES AT THE EXPENSE OF OTHER COMPETITORS FROM THE DEVELOPING COUNTRIES.

I REFER IN PARTICULAR TO THE ASA, AMERICANS (INAUDIBLE) ASSOCIATION CAMPAIGN AGAINST TROPICAL OIL. THEY ARE FIGHTING ON A PLATFORM WHICH IS NOT CORRECT BY MAKING GENERAL STATEMENTS THAT ALL TROPICAL OIL WILL RAISE THE LEVEL OF CHOLESTEROL.

THE MOST IMPORTANT COMMODITY THAT IS TROPICAL OIL IS PALM OIL, ON WHICH A LOT OF DEVELOPING COUNTRIES DEPEND TO SUSTAIN THEMSELVES. EXPERIMENTS IN ANIMALS AND THE MEDICAL EVIDENCE INDICATE THAT PALM OIL, IN FACT, REDUCES THE LEVEL OF CHOLESTEROL.

DO NOT YOU THINK YOU IN YOUR POSITION SHOULD PLAY A ROLE IN ORDER TO STOP THIS, YOU KNOW, UNCLAIMED CAMPAIGN, SO THAT IT WILL GET TO BE KNOWN BY THE PEOPLE AND THE COUNTRIES IN THE DEVELOPING WORLD THAT THAT IS UNNECESSARY?

DR. KOOP: I WOULD LIKE TO, BUT AGAIN, IT IS IN THE WRONG GROUP. THAT IS AGRICULTURE, AND I HAVE ABSOLUTELY NOTHING TO SAY ABOUT AGRICULTURE. I HAD THE SAME PROBLEM WITH THE PRICE SUPPORTS FOR TOBACCO. PEOPLE ALWAYS ASK ME, "DON'T YOU THINK YOU ARE SCHIZOPHRENIC TO WORK FOR A GOVERNMENT THAT SAYS SMOKING KILLS YOU, BUT OVER HERE THEY ARE THE PEOPLE WHO ARE PAYING THE TOBACCO FARMERS TO RAISE TOBACCO?"

I SAY YES, THAT IS SCHIZOPHRENIC, BUT IT IS AGRICULTURE AND I CANNOT STOP IT. I WOULD AGREE WITH YOU. IT IS VERY IMPORTANT, THOUGH YOU KNOW, I WOULD -- WHENEVER PEOPLE TALK ABOUT CHOLESTEROL, I HAVE TO STEP IN AND SAY IT IS NOT THE ONLY ANSWER TO HEART DISEASE. THERE ARE TWO OF THE VERY MAJOR FACTORS IN THIS COUNTRY, ONE IS SMOKING AND THE OTHER IS HIGH BLOOD PRESSURE.

NOW, LET ME GIVE YOU A LITTLE VISUAL CHART. IF YOU TAKE HIGH CHOLESTEROL, HIGH BLOOD PRESSURE, AND SMOKING THOSE THREE THINGS, ANY ONE OF THEM WILL GIVE YOU AN INCREASED DEATH RATE OVER PEOPLE WHO DO NOT HAVE ANY.

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ANY TWO OF THEM WILL GIVE YOU A DEATH RATE LIKE THAT (INDICATING), ANY THREE OF THEM WILL GIVE YOU A DEATH RATE LIKE THAT (INDICATING). SO, IT IS NOT JUST AN ADDITIVE THING OF HIGH CHOLESTEROL, HIGH BLOOD PRESSURE AND SMOKING, IT IS A MULTIPLICATION OF RISK; SO TWO, FOUR, EIGHT.

MR. POPE: WE HAVE FIVE MINUTES, SO LET'S MOVE ON.

MS. HALL: MELISSA HALL FROM (INAUDIBLE) IN ARGENTINA.

I WANT TO ASK YOU ABOUT THE CHILDREN, NEWBORN, AND THE PRESCHOOLER, WHAT APPROACH YOU THINK IS THE BEST TO CARE FOR THE ALREADY INFECTED?

DR. KOOP: THE ONE WORD I MISSED, CHILDREN WITH WHAT?

MS. HALL: NEWBORN UNTIL SCHOOL TIME, YOU KNOW?

MR. POPE: NEWBORN AND --

MS. HALL: NEWBORN UNTIL FIVE YEARS OLD.

DR. KOOP: TO DO WHAT WITH THEM?

MS. HALL: AIDS.

DR. KOOP: OH, BORN WITH AIDS. OH, OKAY, WE ARE BACK TO AIDS. I WAS THINKING OF CHOLESTEROL. OKAY. THE STATISTICS ABOUT AIDS ARE THESE: THAT OF WOMEN WHO CARRY THE VIRUS ABOUT FIFTY PERCENT OF THEIR CHILDREN WILL BE BORN WITH THE VIRUS.

NOW, THEY ALL WILL TEST POSITIVE BY A BLOOD TEST BECAUSE THE BLOOD TEST MEASURES ANTIBODIES TO THE VIRUS, AND THE ANTIBODIES CAN BE THE CHILD'S ANTIBODIES OR THE MOTHER'S ANTIBODIES.

IF A WOMAN PRODUCES A BABY, IT WILL BE IMMUNE TO MEASLES IF SHE IS IMMUNE TO MEASLES, OR POLIO IF SHE IS IMMUNE TO POLIO, BUT AFTER ABOUT SIX MONTHS, THAT IMMUNITY DISAPPEARS.

SO THE FIRST THING TO KNOW IS THAT A BABY WHO IS HIV POSITIVE, DOES NOT NECESSARILY HAVE AIDS OR WILL HAVE AIDS. SO, FIFTY WILL AND FIFTY WILL NOT. AS THEY GROW UP YOU FIND IN RETROSPECT, KNOWING WHICH WAS WHICH NOW, THAT OF THOSE WHO CARRIED THE VIRUS TWO-THIRDS DIE IN THE FIRST YEAR AND THE REST GO ALONG FOR VARIOUS PERIODS OF TIME.

WE HAVE A COUPLE OF CHILDREN IN THIS COUNTRY WHO ARE SIX YEARS OLD, BUT THAT IS UNUSUAL. IT IS A VERY TRAGIC THING BECAUSE THEIR MOTHERS ARE ALMOST ALWAYS DRUG ABUSERS. THEY COME FROM FRAGMENTED FAMILIES. THEY ARE ON HEROIN FREQUENTLY OR THEY ARE MARRIED TO A HEROIN ADDICT OR PARTNER, SEXUALLY WHO IS A HEROIN ADDICT. MANY OF THESE CHILDREN ARE ABANDONED.

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WE JUST HAD SOME LEGISLATION IN THIS COUNTRY, FIVE MILLION DOLLARS, TO PROVIDE MODEL STUDIES IN SOME CITIES AND PLACES WHERE YOU COULD TAKE EIGHT, TEN, TWELVE OF THESE CHILDREN INTO A HOSPICE LIKE SETTING, BECAUSE THEIR PARENTS ABANDONED THEM.

QUESTION: DO YOU RECOMMEND SOME HOUSING AND CARE ESPECIALLY FOR –

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DR. KOOP: THEY DO NOT NEED FANCY THINGS. THEY NEED SHELTER, WARMTH, FOOD, BUT THEY NEED TENDER LOVING CARE BECAUSE THEY CANNOT DO MUCH FOR THEMSELVES.

MR. POPE: WE HAVE GOT TWO MINUTES. JEAN AND THEN RIGHT HERE.

MS. PHELPS: DR. KOOP, MY NAME IS JEAN PHELPS (PHONETIC) FROM SCOTLAND. I WOULD LIKE TO STATE THAT THE WORTHWHILE MEMBERS OF OUR SOCIETY EMIGRATED WHEN THEY WERE YOUNG, SO YOU HAVE PROBABLY MET THE ONES THAT WERE NOT WORTHWHILE.

I WOULD LIKE TO ASK YOU THREE QUESTIONS.

DR. KOOP: JEAN ONE. I ONLY HAVE TWO MINUTES.

MS. PHELPS: OH, I DO A LOT OF VOLUNTEER WORK AMONG THE RUNAWAYS IN DC. WHY DOES NOT CHARITY BEGIN AT HOME AND YOU HAVE A REGULAR PROGRAM TO DEAL WITH THESE YOUNG GIRLS FROM TWELVE TO EIGHTEEN WHO HAVE AIDS.

AND THE SECOND QUESTION IS –

MR. POPE: ONE, ONE QUESTION.

DR. KOOP: THE ANSWER IS QUICK. I AM FEDERAL OFFICER AND THAT IS A PROBLEM OF THE DISTRICT OF COLUMBIA AND I HAVE NO JURISDICTION.

MR. POPE: RIGHT HERE.

QUESTION: I AM KUWAIT. EXCUSE ME, I WILL NOT ASK TECHNICALLY OF MEDICINE NOW. CANNOT WE SEE THAT THIS PROBLEM OF AIDS IN THE WORLD IS THAT WE HAVE LEFT OUR PRINCIPLES AND OUR RELIGIONS? I MEAN, IS IT NOT BETTER TO ENCOURAGE PEOPLE TO BE NEAR TO RELIGION TO ENCOURAGE EARLY MARRIAGE?

DR. KOOP: YOU SOUND JUST LIKE YOUR MINISTER OF HEALTH, WHO IS A VERY GOOD FRIEND OF MINE.

QUESTION: ACTUALLY HE LEFT THE OFFICE ALREADY.

DR. KOOP: WELL, HE WAS IN LONDON THREE WEEKS AGO.

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QUESTION: HE WAS THEN, YES.

DR. KOOP: HE AND I HAVE BEEN ON THE SAME SIDE ABOUT SMOKING, DRINKING, SEX, FOR MANY YEARS. YOU ARE ABSOLUTELY RIGHT. THE NICE THING, AND I WILL LEAVE YOU WITH THIS ONE WORD, THE GREAT THING ABOUT AIDS IS THAT THE RELIGIOUS PERSON OR THE MORAL PERSON OR THE SCIENTIST CAN WALK HAND-IN-HAND TOWARD THE CONTAINMENT OF THE EPIDEMIC, BECAUSE THEY ARE ALL GIVING THE SAME ADVICE BUT THEY MAY BE GIVING IT FOR DIFFERENT REASONS. THANK YOU.

MR. POPE: THANK YOU VERY MUCH, DR. KOOP.

END OF BRIEFING