

AIDS lecture February 19, 1987

Prepared Statement of Testimony

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Health and the Environment of the House Committee  
On Energy and Commerce  
Washington, DC  
February 19, 1987

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This lecture was given 9 days after 2 presentations on AIDS made the same day and just a day after I made a videotape on AIDS in response to more public appearance invitations than I could accept.

Whereas on February 10<sup>th</sup>, I had appeared before the Committee on Energy and Commerce of the House of Representatives, this appearance was before a Subcommittee of that Committee on Health and the Environment. This is really the Health Committee of the House of Representatives, under the capable chairmanship for the years of Democratic rule, Henry A. Waxman, of Los Angeles. The invitation to prepare this testimony is indicative of the sudden interest on the part of so many people once I began to speak publicly on AIDS for more information. The eagerness of this committee to know more about the problem is also indicated by the fact that instead of the usual five-minute testimony accompanied by a longer prepared statement that members could read on their own, this was a personal presentation essentially without time constraints.

I started this testimony by giving accolades to the press, both print and television, for the manner in which they had picked up the story on AIDS. In spite of the fact that the first eleven months I was in Washington the press treated me hostilely and unfairly, I believe that good relationship between the Surgeon General and the press was essential, and I began to win the respect of the press after my first press conference on the Surgeon General's Report on Smoking and Health in the early months of 1982. After AIDS came on the scene, whenever possible, I congratulated the press on the manner in which they presented a very difficult subject in understandable terms to a very broad audience. I also congratulated the entertainment media that put out the AIDS message and thanked the Administration and Congress for the high priority and greatly increased resources they had provided for the fight against AIDS and HIV infection. I noted that this was the highest activity by the research and health care communities that I had ever seen in my lifetime, and that it had resulted in a public awareness of this health issue as well as a strong desire to take personal and public action.

I really used this opportunity to share special concerns; one was to correct the impression in recent articles that there was no danger of AIDS transmission from "normal vaginal intercourse". I stressed the danger, but also our lack of knowledge about level of that danger. But certainly, it was a caution against casual sex out side of marriage and the promiscuity of the heterosexual. Of the 52,249 cases of AIDS that were known about, 2,092 were from heterosexual transmission -- about 4 per cent. If foreign-born individuals are dropped from those statistics, the figure drops to 2.3 and most of it is in sexual partners of I.V. drug abusers. I repeated the Centers for Disease Control's

estimate that by 1991 heterosexual transmission would account for 5 per cent of the total adult caseload, which of course is off by a huge margin. I repeated in a little different term what I had said before, that people who postponed intercourse until marriage and who maintained a mutually faithful relationship thereafter, are at little risk indeed. This is the reason why I stressed the postponement of sex in your people until marriage and faithful monogamy thereafter. Although we didn't know as much as we do now about the increased problem when there is more than one sexually transmitted disease, I did give this committee, as an indication of casual sexual activity, the increase of infectious syphilis from by approximately 30 per cent just from 1986 to 1987. The greatest increases were in Florida, New York City, and California, which also are the areas of high HIV incidence.

Other statistics I thought this committee ought should know about, was the recent survey of the National Institute on Drug Abuse of heroin addicts admitted for methadone treatment, which indicated that 93 per cent had shared needles (most of that in the last year) and 26 per cent reported daily needle sharing; only 14 per cent reported condom use. I pointed out the alarming implications for both I.V. drug abusers and their sexual partners that could be derived from these numbers. There were about, at that time, about 1.1 million I.V. drug addicts in this country.

I indicated the need for strategies to address the social complexities of AIDS including homosexuality and drug abuse, and added a special word of praise for the physicians, nurses, teachers, social workers, and others who were working in the areas of highest concentrations of AIDS with such zeal. Interesting enough 40 per cent of the nation's AIDS caseload had appeared in just those three cities alone.

It seemed appropriate too, to emphasize something I really hated to bring up and that is that we were seeing a number of instances across the country in which health professionals refused not only to treat persons of AIDS, but also to turn away patients alleged to be from population groups identified with the two high-risk behaviors, i.e. homosexual and bisexual males and I.V. drug abusers.

These facts were tempered by an explanation that the risk of contracting HIV from an infected patient is extremely small and virtually always preventable. Of the nearly 7 million Americans in the health professions, fewer than one dozen had become infected with the virus while doing their jobs. I stressed that all workers should be required by their employers to follow the CDC guidelines and that they be provided with protective materials that would make this task as easy as possible.

Throughout my tenure for two terms as Surgeon General, I did not often stress the economics of health care, but it seemed appropriate on this occasion to do so. The estimate of expense by the federal government in 1988 was estimated at \$1,465 billion on AIDS of which \$375 million came through Medicaid for treatment; \$931 million on AIDS research and education; and an additional \$159 million on treatment and prevention efforts. The President's fiscal year 1989 budget includes \$2.026 billion for these efforts, which was an increase of 38 per cent over 1988. None of this of course

takes into account of social costs, such as lost human capital, often translated as lost wages and productivity. I opined that the costs were not only overwhelming, but that I doubted that the American people had yet come to terms with it.

I closed my testimony by saying that my remarks had been limited to a few critical public health issues, but that they all essentially were addressed at interruption of the chain of transmission of HIV in order to spare our people and the people of the world the pain, suffering, and the death of AIDS. We need to stop this in a way that is effective, but yet in a way that is consistent with American law and tradition. That means with good science and good education. It also means making certain that Americans have a clear understanding of the threat and that they are ready to fight back with the best weapon available, namely their intelligent choices about personal behavior.

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Abstinence  
AIDS related economics  
AIDS statistics  
Centers for Disease Control Guidelines for  
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Condoms  
Cost of AIDS  
Education re: AIDS  
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Social cost of AIDS  
Social issues in reference to AIDS  
Transmission of AIDS to health professions  
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\_\_\_?\_\_\_ Commitment to AIDS

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