

AIDS lecture March 24, 1987 cover

Address

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This lecture was delivered the day after the last one on AIDS and in a very special venue to a very special audience at the National Press Club to the press. The tone is appropriate and in the preparation of this speech as well as in its delivery, I was constantly aware that we were presenting facts to that group of people that had the greatest potential to spread the truth in this lecture to a broader audience. I had mentioned this opportunity in my previous lecture to the Chamber of Commerce in Tampa Florida.

According to my aforementioned plan, I not only reminded the audience who they were and what their obligation was, but also reminded them of the enormously valuable service they could provide for the American people in regard to this disease. The public was in danger because of its behavior; that wouldn't change unless they know the danger they're in and the quickest way to inform them was through the press.

The press, said I, is a major partner with the Public Health Service in the fight against AIDS. That's true whether the press was comfortable with that assignment or not, I spoke of my respect for the press, but said to accomplish the task we must have an engaged press and I wanted them interested and that was the reason I was there to give my thoughts and to answer their questions. Inasmuch as the tendency of the press was to exaggerate the short time in which a vaccine would be available, I hit that myth first, reminding them that the development of a vaccine is a long process for any viral disease, and that it took nineteen years to develop the Hepatitis B vaccine, which was a comparatively easy virus to understand in comparison to the AIDS virus.

Once again, I presented the statistics, which included things I had never said before such as the fact that we know with some certainty that the AIDS virus is transmitted, one person to another, either in blood or in semen, but that no other body fluids – tears, saliva, perspiration for example have the concentration that the virus seems to require to take hold. That in part is an explanation of why two-third of the AIDS victims are homosexual, and bisexual men. For the first time, I said that some practices among these men do not only produce semen, but can also cause bleeding. As blood and semen are exchanged between partners, the virus may be transmitted. I moved rapidly over the transmission of the virus heterosexually as well as by the use of dirty needles among I.V.

drug abusers. I said to the press directly what I said to others before, that while 1 out of every 8 Americans is Black, 1 out of every 4 AIDS patients is Black – 24 per cent of the cases so far. 1 out of every 12 Americans is Hispanic, but 1 out of every 7 Americans with AIDS is Hispanic. Another disproportionate figure was that one-third of all Black and Hispanic AIDS victims were I.V. drug abusers. (These figures, of course, changed as the virus spread in the world community).

Another thing that was new to this audience was that although I had spoken elsewhere about the innocent victims of AIDS – newborn babies, I also related this sad situation to ethnicity. More than half of the infants with AIDS were Black and another 24 per cent were Hispanic – highly disproportionate. Nine out of ten of those Black and Hispanic children got the virus from their infected mothers, either in utero or during delivery. To increase the sense of horror at this catastrophe, we suspected that the number of cases were vastly under-reported. In short, the geography of the disease of AIDS was changing. At one time we were concerned primarily – almost exclusively -- with the populations at risk in San Francisco, Los Angeles, and New York City. These cities still had the highest numbers of AIDS cases, but I quoted figures of other American cities and states, even though it was repetitious of previous lectures because of the audience to which I was speaking.

Two brand new important problems never before mentioned by me were delivered to the press that day. First, the role of insurance and second, how do we care for terminally ill patients with AIDS? I raised these as problems without answers, but asked questions such as, what role should insurance play? Will the care of AIDS patients simply overwhelm our hospital system? What levels of care were needed and how would we provide that care in a compassionate, professional, and resource-effective manner? I essentially asked the press to engage us in this kind of national dialogue on finances and patient care because – with the help of the press – the American people were gaining a clearer understanding of the threat posed to them by this disease while they themselves were trying to work through these issues.

AIDS education naturally came up and I added the caveat that AIDS related-information ought to be every bit as factually correct and personally sensitive as the material found in any curriculum.

Although I had said it previously in other lectures, I included it here for the sake of the press -- the work of the Michigan State researchers on the amount of soap-operas, prime-time television, and “R” rated films that young people see – each instance associated with the frequency with which sexual intercourse was depicted in some way.

For the first time, I paraphrased Lee Iacocca and said: “If you have a monogamous relationship...keep it. If you don't have one, get it!”

Another thing I said for the first time – at least in that way -- was that my advocacy of monogamy may sound like a morality lesson, but I counted science and morality together

as our most powerful allies. In other words, what I was saying about abstinence and monogamy was not only good public health doctrine, it was good science.

I ended this talk as being by specific as I could be:

- Don't have sex with someone who already has AIDS, that ought to be obvious.
- Don't have sex with someone who indulges in high-risk behavior. (Homosexuals, intravenous drug users, prostitutes, and those with many sexual partners.)
- If you do decide to have sex with such individuals anyway, then if you are a man, at least use a condom from start to finish. If you're a woman, make sure your male partner uses a condom. It's not 100 per cent protection – few things in life are – but condom seem to offer the best protection short of monogamy and abstinence.

Abstinence
AIDS education
Care of the terminally ill AIDS patient
Condoms
Development of an AIDS vaccine
Developmental vs. chronological age
Do's & don'ts of sexual behavior
Economics of AIDS
Ethnicity & AIDS
Hepatitis B vaccine
Heterosexual transmission of AIDS
Homosexual & bisexual men
Human reproductive biology
Infants with AIDS & racial partitions
Insurance coverage
I.V. drug abuse
Journalists as a source of education
Monogamy -- Mutually faithful
Nature of sensitive & affirmative human relations
"Organ recitals"
Parents as sex educators
Prevalence
Reporting of AIDS
Research on exposure of youngsters to depictions of
sexual intercourse
Science & morality working in tandem
Sex education
Statistics of AIDS
The mechanics of homosexual AIDS transmission
The press and public health as partners
The press informed, engaged, & interested

The timing of sex education to children

Association of State & Territorial Health Officers
AZT
Christian Life Commission of the Southern Baptist
Convention
Lee Iacocca
Michigan State University
National Coalition of Black & Lesbian Gays
National Education Association
National PTA
Washington Business Group on Health
Synagogue Council of America