

AIDS Lecture April 28, 1989
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Address
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It had been 14 days since I had last spoken to a public audience about the epidemic of AIDS.

This was the first conference during the entire AIDS epidemic up to this point where the focus was on adolescents. Therefore, I opened the talk by congratulating the United States Public Health Service and the leadership of the Society for Adolescent Medicine. Not only was the focus on high-risk adolescents new, but also the alarm that was being sounded that day was also fairly new to the ears of the general public. The need to build strong working coalitions has always been understood, but doing so with youth centered agencies was certainly new as well. The fact of the matter is that a significant number of people with AIDS might very well have been infected during their adolescent years.

Adolescent HIV infection is a public health problem, but it is more than that. It is a problem for our educational system, but it is also more than just another problem for our schools to solve. It is a problem for our social service system as well. Yet it is going to take much more than social services to solve this problem. It cannot happen unless every one of us begins working together in a new multi-disciplinary relationship, clear down to the institutional and neighborhood levels.

There are certainly barriers, for as long as adolescents had been around, we didn't know much about them. Physicians can advise schools on what to tell young people about the AIDS virus, but that assumes that educators already know everything there is to know about human biology that adolescents should learn.

On the other hand, educators could ask physicians to be more forthright about sexuality with young people, but if physicians could really do that effectively, we wouldn't have any teenage pregnancy in this country. It follows that medicine and education can't handle the problem of adolescent HIV infection to our friends in social services. In short, there is no cookbook, there are no simple, mix and serve recipes that produce palatable, workable answers to the social education or public health problems of adolescent growth.

One suggestion is that we lower the fences around our respective professional territories, and get rid of the turf mentality. That could certainly start here today. We have to share our information and our experience, and not worry about our egos.

I also made a plea not to make this just a short term effort, but one that looks to the long term, because AIDS is going to be with us a long time, and we are still years away from having a safe, effective, and generally available vaccine. I closed with reminding the audience that we will be talking about adolescents all day, but we still don't know much about them. But we do know that young people – in spite of wild behavior and experimentation – tend to be conservative in attitude and thought. This accounts for their attitude on the death penalty, abortion on demand, alcohol and tobacco, and street drugs.

Fortunately, most young people in America are just wonderful and we should focus our attention on where it is needed most – on those smaller sub-populations of young people who truly need our help. Finally, I asked that they remember that our greatest allies in this battle to save the lives of several million at-risk adolescents boys and girls, are all the other adolescent boys and girls who are not at risk.

Adolescents & Abortion & Demand
Adolescents & Alcohol & Tobacco
Adolescents & the Death Penalty
Adolescents & Drugs
The “Ah-Ha!” Factor in the Relationship of Public Health,
Education, & Social Services
Conservation & adolescents
Focus on high-risk adolescents
Long term rather than short term goals
Losing the “Turf Mentality”
Need for information sharing
Need for strong working coalitions
Teenage pregnancy
Teenage sexual promiscuity
Unavailability of vaccine
Vulnerability of the adolescent population

Society for Adolescent Medicine
U.S. Public Health Service