

AIDS Lecture April 4, 1987

Address

By

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There were two lectures on my schedule for the same day in San Francisco on the day this was given and both of those were given nine days after the most recent lecture on AIDS. I had been invited to address the Annual Meeting of the National School Board Association and that was firmly set for late afternoon on the 4th of April. After those arrangements were made, I received an invitation from Deborah Walter, the Director of the Child Health and Development Program of the Scientists Institute for Public Information. The invitation was to take part in a seminar at the annual meeting of the Educational writers Association, but when they found that I had a previous commitment that would conflict with the end of that seminar, I delivered instead a lecture which follows, and I was out of that venue in time to make my appearance before the National School Boards later in the afternoon. The Scientists Institution for Public Information is an excellent one. It is an independent non-profit organization dedicated to improving public understanding of science, health, and technology issues. Through its core program the Media Resource Service, they access journalists to sources of information from their database of more than 20,000 science technology health and public policy experts.

After my address to the National Press Club, this was another great educational opportunity to be talking to a seminar of education writers. I introduced our time together by saying, "If you're looking around for a long-running story, I'm afraid this is it." It was also the first time that I said something I'm sure I had said several hundred times if you include television, radio, and question and answers to lectures: "The only thing we have that may work – and I repeat, may work – is education...education...and more education."

A lot of the things said at the Press Club were repeated here deliberately, such as referring to body fluids that did not seem to carry sufficient virus to produce AIDS and specific practices between homosexuals that produced blood and semen, both of which carried the virus.

I had said many times that we were fighting a disease and not people, but this is the first time that I said, “We’re fighting a virus that has novel bio-physical characteristics and requirements...we are not at war with a lifestyle.” This is another way of saying the difference between being a homosexual and practicing homosexuality. After lauding our public debate in the free society, I pointed out that in reference to AIDS our free-form type of public dialogue had bred misinformation, confusion, fear, and anger. I then said it in another way, “Neither homosexuality nor heterosexuality, per se is the issue.”

Constantly seeking a new way of saying things, I said in reference to homosexual, bisexual men who have heard the message: “Of course, these men remain homosexual, or bisexual and they are still the persons most at risk of catching AIDS...again, not because of their particular sexual orientation, but because of the way they may practice within that orientation.” Oddly enough, that is exactly the same issue in reference to intravenous drug abusers who constitute the second largest group of AIDS victims (at that time). “The ones who used their own clean needles for each “fix” are killing themselves by abusing potent, addictive, illegal drugs. But they probably won’t kill themselves through an AIDS-related disease. But I.V. drug abusers tend not to be this fastidiously hygienic. On the contrary, about 90 per cent of heroin addicts borrow used, dirty needles and other contaminated drug paraphernalia from other addicts.”

“In other words, 9 out of 10 drug addicts are making absolutely sure they die as early and as uncomfortably as possible. Then when they engage in sex, they are shortening the lives of their partner as well.”

For this writing audience, I made another statement in a way I had not made it before: “Leaving heterosexual transmission out of it for the moment, one could say this: ‘If every homosexual and bisexual man used a condom during sex from this day forward...and if every I.V. drug abuser used only a clean needle for each “fix”, the epidemic of AIDS would soon slow down in those cohorts – gradually reach a steady state...and finally begin to recede, as those who already infected die off and as no new victims take their place. But this is only theory. The reality is far more grim.’”

From the questions I received by mail, and were asked after lectures, I had come to the conclusion that we had to find another way to talk about transmission. This is the way I laid it out: “A common example could be that if a heterosexual man who has sex with an AIDS infected prostitute, then goes home and has sex with his unsuspecting wife or with other women, all of whom could receive the virus from him. Nothing very kinky about it...nothing very exotic, but all very tragic. The tragedy is compounded then when one of these women becomes pregnant and passes the virus onto her newborn infant either in utero or in the birth canal during delivery.”

In that connection, I introduced something that I had not said before, and that was that the number of children born with AIDS was still quite small. They constitute just over 1 per cent of the total. But a couple of years before that, there weren’t any. At the time of the lecture there were 470. Unfortunately, those babies were usually abandoned by their mothers. I should add that, because of the stigma of AIDS, there were far fewer foster

homes open to these children, and in fact, the stigma was an invisible but a virtually impenetrable barrier between them and a whole variety of social and public health services.

Unfortunately, this intersexual and intergenerational chain of infection was not a new story. It was the same story we in public health had been telling for years in regards to the transmission of herpes, syphilis, gonorrhea, chlamydia, and other sexually transmitted diseases. The new twist with AIDS is that the story doesn't end with a shot of an antibiotic; it ends with death.

Also for the first time, I announced clearly that the problem of the innocent AIDS victim – the wives and girl friends and the children of persons infected with AIDS was growing. Over half of all babies born with AIDS were Black with one or both parents carrying AIDS. Another 25 per cent of all babies born with AIDS were Hispanic. What we were seeing therefore was more tragic evidence of the demography of high-risk pregnancies and birth. In our society, such pregnancies were most likely to occur to Black women under the age of 19...who were poor...who were not ready for the world of work...who may not even have had a diploma...and who did not have ready access -- for whatever reasons – to good prenatal and perinatal healthcare.

The life of these babies is a struggle from day one and many of them never make it to day two. All this was additional catastrophic news for the Black community, which was already under great economic and social stress. It also was further evidence of the apparent inability of our society in general to make headway in helping these young women control their own sexuality and their own destinies.

But the numbers can be misleading and by concentrating on them, we'll miss the true meaning of what is going on and that is the profound dysfunction of family life that is taking place among a significant number of our fellow Americans.

These things would be covered in much greater detail in the days to follow when I was in Philadelphia to convene a National Surgeon General's Workshop on Pediatric AIDS.

Again, because I was speaking to writers, I repeated what I had said before that before AIDS instruction could be given, there must come instruction in one's own sexuality. My frustration about this subject led me to try to say what I had said before, in still a different way: "Instead of calling it sex education, I like to call it 'studies in human development' children should be learning all about themselves, their unbelievable complexity, and especially, their great value. Learning of their worth should lead to treating themselves and others with great respect."

This lecture is also the first time I spelled out another piece of advice in what I thought was a new way: "The next best method of protection (after abstinence) is to maintain a faithful, monogamous relationship, one in which you have only one continuing sexual partner...and that person is just as faithful as you are."

In the Surgeon General's Report on AIDS that I prepared at the request of President Reagan and released to the public in October last year, I went back and counted the words I had devoted to the subject of sex and AIDS education, and it was fewer than 200. For some readers those were 200 words too many. I told this audience that rather than go through my list of arguments and counter-arguments on this subject, I would save that for the address I would give later that day to the Annual Meeting of the National School Boards Association.

One of the things that had troubled me throughout the whole AIDS epidemic was the criticism I took for trying to combine AIDS education and sex education. Another was that in the larger social context, men and women do not relate well to what each other generally in our society. The evidence is not very inspiring: the divorce rate, spousal abuse, child sexual abuse, etc." For the first time ever, I reported in this lecture a study done for our National Institute of Mental Health by Dr. Mary Koss of Kent State University. It involved a representative sample of 6,000 men and women who attended 32 colleges across the country – the largest study I know about. These were reasonably well-educated, middle class, individuals from work-a-day American families. That extrapolates to a million and a half such young men in this country – such men for whom male-female relationships are not caring, not respectful, certainly not loving, and hardly equitable. The worst part was perhaps that half of those guilty of such behavior said that given the chance, they'd do it again.

Abandonment of infants by the mothers
Abstinence
AIDS
AIDS & misinformation, confusion, fear & anger
Admonitions for sexual behavior & clean needles
AIDS as a compounding factor in Black women
under age 19
AIDS as a compounding factor in high-risk
pregnancies
AIDS education
Ambivalence of male & female relationships in
general
Analogy between homosexual men & I.V. drug
abusers
Children born with AIDS
Child sexual abuse
Cross sexual transmission, the innocent victims of
the AIDS virus
Condoms
Divorce rate
Dysfunctional families
Economic & social stress in the Black community
Education as the primary weapon against AIDS
Heterosexuality
Homosexual & bisexual men

Inter-sexual & inter-generational chain of infection
Intravenous drug abusers
Mutually faithful monogamy
Parents as sex education teachers
Pneumocystis carinii pneumonia
Rape & attempted rape
Racial partition among babies born with AIDS
Research on sexual aggression against females by
college men
Sex education
Spouse abuse
Statistics of AIDS
Stigma of AIDS
Virus in body fluids

Kent State University
Dr. Mary Koss
National School Boards Association
National Surgeon General's Workshop in Pediatric
AIDS (upcoming)
Surgeon General's Report on AIDS