

AIDS Lecture July 26, 1987

Address

By

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Presented to the National Association

Of Elementary School Principals

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It had been twelve days since I had spoken on AIDS at Fort Leonard Wood, Missouri. This was not a long lecture. It was held on a Sunday morning in the midst of a weekend's meetings of importance elementary school principals. I established kinship with them s a pediatric surgeon and health officers and they as teachers and principals dedicating their lives to the development of the nation's children into healthy, well-adjusted, well-educated citizens.

I made it clear that I was there to talk about AIDS and we had only one defense and that was education, and I reminded them that they were one of the groups that I had consulted with before I wrote the Surgeon General's Report on AIDS which had been released in October the previous year. I personally thanked Sam Sava and his colleagues for the ideas they gave me that were reflected in that report.

I concentrated on things that should be of particular interest to people in charge of elementary school children. I talked about where the virus was found in body fluids and where it is not, that we had no substantiated case of the virus being transmitted by coughing, sneezing, food utensils, water glasses, toilet seats, or mosquitoes, and that in this country the AIDS virus was spread by intimate sexual contact and the sharing needles, syringes, and other paraphernalia in the intravenous abuse of illicit drugs.

Therefore, said I, there is absolutely no reason to bar a child from school because he or she has tested positive for AIDS. That child is not a public health menace, and that decision is not a public health decision. If you make a decision on such a child, you're not doing it for health reasons, and if you're not doing it for health reasons, it's not a very good decision at all.

I repeated some of my report by saying that such decisions had to be made on an individual case-by-case basis and it was a balancing act between the needs of many children and the rights of a few. Respecting and honoring the confidentiality of the child and his or her family are paramount actions...but they do conflict at times, with the need to protect the juvenile victim.

The second major point was that in order to end the chain of transmission we had to teach our young people the facts about AIDS before an opportunity arose, and that meant we had to teach them about their own sexuality. What such an education program should be, who should say it, who should hear it, and when it should be heard were key questions that we in public health looked to this audience for answers not to ourselves.

I made a plea for not calling it “sex education” but “studies in human development”. I enlarged on that by saying I thought children should be learning all about themselves...their unbelievable complexity, especially their own great value. If they are properly taught their won worth, we can expect them to treat themselves...and others...with great respect.

Such instruct could keep pace with...and not anticipate their individual development and curiosity and I believed that such information could be taught as loving, caring, kind, and considerate relationships in the context of the family. It need not, and should not, be frightening and threatening.

The federal role is getting factual, scientific accurate information into the hands of teaching staffs. In other words, getting the facts.

I referred to our overall education-planning document, which was available to anyone who requested it, and repeated some of the admonitions given by Dr. Otis Bowen, a family doctor and currently the Secretary of the Department of Health and Human Services.

Another point that I was happy to make was that in AIDS education we had an area where science and morality were walking the very same path toward containment of the epidemic. For children, the best defense is abstinence and that’s the message we should get across to them AIDS or no AIDS.

Dr. Bowen had made it quite clear that his department perceives that education as an activity that is “locally determined” and “consistent with parental values” expressed within each community.

I have always felt that sex education was primarily a job for parents, but having been a pediatric surgical practitioner, I found that parents very seldom accepted this privilege and obligation.

I called attention to the problems that teachers and principals might face with disproportionate numbers of minorities with AIDS and it was hard sometimes to separate ethnic problems from the disadvantaged aspects of low-socio-economic status, low educational levels, a sense of powerlessness and helplessness, unemployment and drug abuse.

I closed with a charge, suggesting they had the privilege of dealing with children when they were curious about sex, but before they were personally involved. That in addition

to preventing the spread of AIDS they could help prevent two and a half to five million persons of age under 25 contracting other sexually transmitted disease and that that same education could go a long way to preventing over a million teenage pregnancies each year. Alcohol and drug use were intertwined with all of these decisions and they too could be prevented.

I suggested that in as much as alcohol and drugs were around long before AIDS that this audience as opinion leaders could work with their administrations, school boards, and communities, with its doctors and clergy, to bring the elementary schools the kind of human development education that gives our children a set of values and skills that will facilitate the right decisions about their sexuality, about their relationship with drugs and alcohol.

I closed by saying it was good to teach children to say no to extra-marital sex and drugs, but you can't do it unless you make sure they know why to say no and how to say no, and have the positive self image to be motivated to say no.

This audience were the leaders to do that.

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Abstinence  
Barring children from school is not a public health decision  
Chain of transmission of AIDS  
Complicating problems of alcohol & drugs  
Disproportionate occurrence of AIDS among Blacks & Hispanics  
Education in the context of family  
Education of children of how & why & be motivated  
History of AIDS  
How you do not get AIDS  
Human development education  
Inability of parents to be sex educators  
Information taught as loving, caring, kind & considerate relationships  
Mutually faithful monogamy  
Need for AIDS education  
Needs for education about sexuality of children  
No cure for AIDS  
Occurrence of the AIDS virus in body fluids  
Problems of low socioeconomic status, etc complicating AIDS education  
Responsibility of states & communities  
Role of the community  
Role of the federal government  
Same education to prevent AIDS prevents teenage pregnancies

Sex education primarily a job for parents  
Stopping AIDS – stops other sexually transmitted  
diseases  
Transmission of the AIDS virus

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Otis Bowen  
Centers for Disease Control  
National Association for Elementary School  
Principals  
Sam Sava  
Surgeon General's Report on AIDS