

AIDS lecture February 16, 1988  
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“AIDS and the Social Order”

by

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It had been fourteen days since I had last spoken publicly about AIDS.

Kalamazoo Michigan, at the time this speech was given, was home of the Upjohn Pharmaceutical Company and the home of the Stryker Corporation. The latter dealt in the manufacture of orthopedic frames and appliances. Both were industrial giants, both wielded extraordinary influence in Kalamazoo, and its surrounding areas and both, indirectly, were eventually responsible for a crisis, not in the paucity of health care, but in too much health care and too much money being spent for it. (Many years later, I exposed this anomaly, when I was doing five one-hour primetime specials on health care reform for NBC, which they entitled “C. Everett Koop, M.D.”)

Ted Cooper was the president of the board of Upjohn and the reason I had been asked to speak. He had been at one time the director of the National Heart, Lung and Blood Institute at the National Institutes of Health, had been the dean of the Cornell University Medical College, from which I graduated -- although in a different era -- and then had been the Assistant Secretary for Health in the Department of Health and Human Services. After he left that post, he eventually wound up as CEO at Upjohn. He was, for a period of time, I believe, the most powerful, influential medical personage in the United States, if not the world. He took a liking to me when I became Surgeon General and was available for advice anytime I needed it, but also offered advise he thought I needed whether I asked for it or not. On several occasions when he was flying from Kalamazoo elsewhere in the United States he would arrange to pick me up in Washington so that we could fly together and have a chance to talk about governmental problems in health. I found him to be a valuable friend and an interesting companion. After I left government and became a director of Biopure Corporation in Cambridge, Massachusetts, he arranged for the initial financial partnership between Upjohn and Biopure. When Upjohn merged with Pharmacia our relationship did not continue. For Ted Cooper and Kalamazoo this would be a new lecture and not a repeat and after thanking Ted Cooper and bringing him the greetings of his former devoted colleagues, I committed myself to sharing my perception of what effect the epidemic of AIDS is having upon the way Americans think about disease, health and responsibility.

The Michigan statistics were for those days not very impressive with 530 people reported as having AIDS; not much of the national total of 53000. But looking at numbers alone would lead

to missing the real story of the disease, which had burrowed its way into the fabric of American life. It was my impression that if we didn't recognize that damage it could do there, it would cost more and lose more than human lives. I told the audience that the nation's social cohesion and national purpose were threatened and that included enough so that our job as citizens and community leaders was to save individual lives and to save our country.

I then went on to say things I have said many times before about the fact that AIDS is a mystery, is fatal, and is transmitted by behaviors that most people don't engage in or approve of other people doing either. Therefore, we had reason to be cautious and not paralyzed by the discrimination shock resulted from such attitudes.

By way of practical suggestion I talked of the Public Health Service guidelines, and reported for the first time a different number of health care workers out the force of nearly 7 million who had infected on the job by the AIDS virus- fewer than a dozen. In each of these cases the risk had been avoidable. Yet, in spite of this remarkable record, there were still professionals who would not treat AIDS patients. But the response of many private organizations had been most encouraging. The American Management Association had developed briefing materials, The National Education Association had done the same for its members, individual businesses such as AT&T, Westinghouse, San Francisco based Wells Fargo, and Bank America are among the first of many to do something positive about AIDS education for their own companies. That however leaves a great deal that local, community leaders -- such as those in Kalamazoo -- could do to maintain a rational, compassionate approach to the problem and that does not mean one has to compromise, in anyway, just how one feels about the kinds of behavior that makes AIDS possible. We have to keep our priorities straight: first, fight the disease and not the people who have it; second, educate everyone about the disease so it would not spread. I then turned to economics quoting an annual expenditure now of about 1.6 billion dollars to which the American taxpayer contributes about 1 dollar of every 4. However, over the next four years the annual AIDS caseload will more than double and annual costs will more than triple.

There is a difference with past experience with government programs in that, unlike maternal and child health programs, alcohol programs, drug abuse programs, and hypertension screening and so on where the patient and the community benefit, AIDS is fatal and the annual cost is now running between 20 and 50 thousand dollars per patient depending upon the city and the type of AIDS-related condition the person has. I then raised the question about whether our traditional altruism was being threatened. Most Americans are generous to a fault but I certainly was in a position to hear echoes of other irrational and hateful responses to people with AIDS.

I had to mention that AIDS was becoming particularly a scourge of people who were young, Black, or Hispanic; among persons with AIDS under 30, 25% are Black and 14% are Hispanic. This is twice the rates at which these groups appear in the population as a whole and it's worse among females than among males. I closed with a plea for leadership and hoped that we were secure enough to strive to extend our very best medical care to every citizen who needs it.

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AIDS and the threat to altruism  
AIDS and the way Americans think about disease  
AIDS and the young, the Black, and the Hispanic  
AIDS as a threat to the nation's social cohesion and national

purpose

AIDS compared to the response of Americans to other health problems affecting the public

American Management Association briefing materials

American tradition of non-abandonment of patients

Characteristics of AIDS

Fairness and social change

Irrational and discriminatory response to AIDS

Low incidence of AIDS infection among health care workers

Michigan statistics on AIDS

National Education Association's by lines

Need for caution as oppose to paralysis

Need for community leadership

Predictions of costs and caseload over the next four years

Priorities in AIDS management

Public Health Service Guidelines for AIDS

Rational compassionate approach to AIDS

Refusal to treat patients with AIDS

Statistics on cost

The cost of AIDS

The threat of AIDS to the fabric of American life

The management of AIDS as opposed to other US public health programs

The need for leadership at every level

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AT&T

Bank America

Philip Carra

Dr. Ted Cooper

Dr. Jack Hopkins

National Institutes of Health

San Francisco based Wells Fargo

United States Public Health Service

Westinghouse