

PROFILE

June Osborn, MD Chair, National Commission on AIDS

Editor's note: The following interview with June Osborn, MD, chair of the National Commission on Acquired Immune Deficiency Syndrome, originally appeared in the 1990 first quarter edition of AIDSline, the national newsletter of RWJF's AIDS Health Services Program. Osborn, who is dean of the School of Public Health at the University of Michigan, and professor of pediatrics and communicable diseases at the University of Michigan Medical School, also serves as chair of the national advisory committee for the RWJF AIDS Health Services Program. AIDSline writer Coimbra Sirica interviewed Osborn about her work with the foundation program, her views on the epidemic's progress, and her goals for the commission.

Q: How did your role on the AIDS Health Services Program (AHSP) advisory committee affect your work on the commission?

A: My background is as a virologist and a pediatrician. While I'm a public health dean, and have many faculty who are expert in this kind of thing, AIDS was not my area of expertise. The program gave me a wonderful opportunity to learn in an effective way about what surely turned out to be the most important issues in the AIDS epidemic.

Q: What are we learning from the foundation's program?

A: We're learning that each community is as individual as a set of fingerprints, and that whatever solutions we come up with in treating AIDS, we have to take advantage of that individuality.

Because of the pervasiveness of the epidemic, we need to arrive at some generalizations about what needs to be done to improve health care. If we ignore what makes each community



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unique, however, those generalizations could be completely misleading.

Q: What progress do you think we can look for in the battle against AIDS?

A: I think we need to do a far better job than we have done on two fronts having to do with education.

First of all, we must educate the general public. People have learned to parrot back at us the catch phrases we use, but that does not mean they have learned or understood the information.

On the second front, we must approach education on the community level. In my view, this has much greater potential for prevention, because you are dealing with individual choices about behaviors and lifestyles.

Q: Why should AIDS be funded at such high levels when it must compete with other illnesses that may even kill greater numbers of people?

A: The "AIDS is only one disease" argument is misapprehension. There's an enormous amount of spin-off that's

likely to come from AIDS research. My guess is that we'll gain more insights about poorly-understood neurologic diseases, immunologic diseases and malignancies than will emerge about AIDS itself.

Funding for AIDS health care and prevention will continue to grow, whether we want it to or not. We're going to have to pay. If we don't, we will pay with people dying in the streets.

It's a question of finding ways to alter and refine our approach to health care in a sufficiently thoughtful way so that it has a positive impact on everything. After all, the problems AIDS has highlighted have been there all along. They just haven't been addressed. So if we do our job well, we will have an impact far beyond AIDS.

In response to the other side of your question, AIDS is different from other chronic diseases. It's communicable. It's increasing dramatically and radically. It is very quickly becoming the leading cause of death in people between the ages of 25 and 44. And that's an age group that shouldn't be dying in the last part of the 20th century.

Unless we take AIDS seriously, it's going to get worse and worse. You can't say that about any other disease.

Q: What, in a nutshell, would you like to see the commission accomplish, and what leverage do you have?

A: I think we have to recapture national attention and develop a compassionate and caring consensus about the epidemic. We've seen growing complacency, and people thinking that the epidemic doesn't pertain to them, or that the situation is improving.

It is not getting better. It's about to get much worse.

The commission has the power of persuasion, and nothing else. We're going to try and use that as effectively as we can. ■



Randall Hagadorn

RWJF staff honored retiring president Leighton E. Cluff, MD, at a June banquet in New Jersey. Cluff relocated to Gainesville, Fla., after a 14-year tenure at RWJF, serving as its president since 1986.