Remarks

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I. Two important court decisions recently:
   A. A jury found the Liggett cigarette company partly liable for the lung-cancer death of Rose Cipollone.
   B. Supreme Court unanimously ruled against the FDA, holding it liable for injuries incurred by persons receiving FDA-improved vaccines.

   What do they mean?

II. Tobacco case
   A. Both sides say they won and the decision may be appealed. But this is a serious setback for the industry; it is an opening in their armor against liability suits.
   B. We'll see many more such suits. In fact, the lawyers for the Cipollones have 6 other smoking cases pending in New Jersey courts as it is.
   C. It is time for the Executive Branch and the Congress to look at the tobacco industry -- the growers, the manufacturers, the labor force, and so on -- and begin dealing with the inevitable changes taking place, as a result of a firm base of scientific evidence linking cigarettes to disability and premature death.
II. Vaccine case

A. Haven't studied the Court's opinion, but from what I've read so far, it raises serious questions about the way we estimate risks against benefits in our society, from the scientific perspective. But it also highlights the patchwork-quilt we have of laws governing dangerous or potentially substances in the marketplace.

We've set up, by law, a fund to protect companies who are sued for a misadventure occurring with a vaccine.
they produced. So we recognize that there is no such thing as "zero risk tolerance," once a vaccine gets into the marketplace.

But, as I understand it, this verdict seems to say that we must be assured of "zero risk tolerance" at the point of pre-marketing approval. That's kind of like the "Delaney Clause" in the FDA law, which requires that the FDA take off the market anything they regulate that may cause cancer.

But the Environmental Protection Agency, the Department of Agriculture, and the Nuclear Regulatory Commission have no "Delaney Clause" in their laws and do not recognize "zero risk tolerance" as the only permissible threshold to cross on the way to the open market. We need to ask ourselves -- as a highly industrialized, science-based society -- how we want to manage risks in order to obtain the benefits of science and industry.

III. AIDS

A. Finally, the third big item of news this week came out of Stockholm, although it was really non-news. All the headlines I've seen so far have been re-runs of stories that have been reported over the 12 months since the last International conference was held here in Washington. Don't mean to minimize the information ... just its sudden appearance and impact.
B. In fact, in one sense, there is a very impressive stability in the AIDS epidemic so far.

The major high-risk groups 5, 6, and 7 years ago are exactly the same major high-risk groups today. For example, the key population group with the highest infection and death rates is comprised of homosexuals and bisexual males. The rise in numbers of cases in this country has been primarily among this group.

If all of them were to stop all sexual activity today -- or if all were to practice safer sex behavior as of today -- then we might predict that 2/3's of the American AIDS caseload would begin to disappear, beginning as soon as this September.

Similarly with intravenous drug abusers: If they all stopped sharing needles today, then 1/4 of our caseload would begin to decline ... again, beginning as early as September.

And since drug abusers are responsible for 3 of every 4 children with AIDS, a change in behavior among them would drastically reduce our pediatric AIDS caseload as well.

In other words, better than 90 percent of our AIDS cases today are from the same population and behavior groups that appeared very early in the epidemic.
5.

The worrisome possibility that AIDS would spread like wildfire among the general population has so far not become a reality. However, the numbers of AIDS cases involving heterosexuals is going up -- and quickly -- so it's hard to say what these numbers will look like a few years hence.

I've warned people that the epidemic has now hit every state and territory that is a part of the United States. And it has. But the patterns are still the same:

* The majority of all new cases of AIDS reported over the past 12 months involved homosexuals or bisexual men.
* The next largest group -- IV drug abusers -- account for about one-fourth.
* And heterosexual cases account for only 4 percent of the total caseload.

So nothing much has changed.
The mailing we just did to every household in America might be considered, therefore, an instrument for even further stabilizing the situation. That is, keeping AIDS out of the general population. In other words, people who don't engage in high-risk sexual behavior and who don't "shoot" drugs should stay that way.

The homosexual community has been saturated with this kind of information for the past several years; I doubt that the house-to-house mailing contains anything they haven't yet seen or read. And we concede the fact that the mailing probably isn't being read by people who "shoot" drugs.

As we've said many times -- and as they've said once again in Stockholm -- we are many years away from a vaccine. Hence, the best and only weapon we have to fight AIDS is education ... education ... and more education.