CASE PRESENTATION
AIDS Education

In a statement issued by the U.S. Public Health Service in October 1986, U.S. Surgeon General C. Everett Koop said:

Many people—especially our youth—are not receiving information that is vital to their future health and well-being because of our reticence in dealing with the subjects of sex, sexual practices, and homosexuality. This silence must end. We can no longer afford to sidestep frank, open discussion about sexual practices – homosexual and heterosexual. Education about AIDS should start at an early age so that children can grow up knowing the behaviors to avoid to protect themselves from exposure to the AIDS virus.

Considered in terms of public health policy, Koop’s plea seems unexceptionable. In the face of any medical epidemic, the more knowledgeable the public, the safer the public. But Koop’s plea has moral implications as well, and those implications have made it very controversial. According to his opponents, Koop was promoting the teaching of “safe sodomy” to children. They agree that children should be taught to avoid behavior that transmits the AIDS virus, but for them – including then-Secretary of Education William Bennett – that means teaching sexual abstinence.

No one doubts that abstinence is the surest way of avoiding sexual transmission of AIDS. But Koop and his supporters argue that teaching abstinence does not always lead to abstinence. Therefore, safe sex must be taught as well.

In the spring of 1988, while the debate continued, the Public Health Service mailed the pamphlet Understanding AIDS to every home in the country. Although the pamphlet was intended primarily for adults, the term “safe sex” does not appear anywhere in it. Also, under the heading Safe Behavior, both abstinence and monogamy with an uninfected partner are listed, but no other sexual behavior. Still, there is a section on condom use as a safety measure, including recommendations concerning what kind of condom to use and how to use it, and elsewhere in the pamphlet, mention is made of vaginal, oral, and anal sex and their role in the transmission of AIDS. Why not give the same information in the schools?

One reason given by Koop’s opponents is the concern that students will interpret their instructions as advocacy of sexual promiscuity and homosexuality as long as condoms are used. Another involves the relative ignorance of schoolchildren. Since many do not know what oral and anal sex are, these acts must be explained to them. But schools should not be in the business of teaching children how to perform sodomy (hence the derisive term “safe sodomy”).

Koop’s supporters, of course, argue that the information can be conveyed without giving the impression of advocacy and that the AIDS threat requires that children receive it. But that brings us to the heart of the matter. To many people, the AIDS threat cannot require us to teach “immoral” behavior to children. They see such behavior as the problem, not the solution.

Questions for Analysis

1. Is the former surgeon general right? Should we overcome our reticence about sex in the face of the AIDS threat?
2. Do moral disagreements about sex have a legitimate role in public health matters, or should policy decisions be made purely on the grounds of effectiveness?
3. Can information about safe sex be given to children in a morally neutral way? Would moral neutrality come across as moral acceptance?
4. At what age do children become old enough to receive the information Koop thinks they should have?