

AIDS Lecture June 19, 1988
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Address
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It had been 18 days since I had last spoken in public about the AIDS epidemic.

The P.T.A. – The Parent Teachers Association – was one of the best audiences to which I could have spoken about the two things that are the hall marks of my tenure – smoking and AIDS. I began the lecture by saying that I was there to share my observations about two key issues in public health, but I wanted to invoke this caveat: please don't be upset if I overlook your favorite disease or biomedical breakthrough. I may be the Surgeon General, but I am also only the Surgeon General, seeing the world through the special prism of my own office, with the help of my own advisors and friends. I will not say more about smoking in this introduction, but in that part of this archive that is devoted to smoking, I will refer the user back to this site.

In reference to AIDS, I had to present an abbreviated form of my usual presentation because I took up half my time talking about smoking. I segued from smoking to AIDS by talking about two young men, each 22 years of age, each with a life expectancy of about 66 years. One young man became infected with HIV, and was very likely to die of the disease and its complications before he turned 30. He would die prematurely then at about 36 years. The second young man at 22 began to smoke cigarettes, and continued to smoke them for the rest of his life. He could very likely die of heart disease or lung cancer at age 56, all things being equal. But he would die prematurely by about 10 years. The victim disappears early in both cases and forever, and the quality of life in both cases is sadly diminished.

Both conditions are the results of willful personal behavior. You don't "catch" addiction, as you don't "catch" AIDS. To do something in both instances, hence the very best weapon we have against both disease conditions is education, education, and more education.

If there is one great difference, cigarette smoking is actually promoted by the cigarette industry, and the government's role in trying to reduce and eliminate cigarette smoking is a role made possible by two clauses in article 1, section 8 of the Constitution: "The General Welfare Clause" and "The Commerce Clause."

AIDS is a different matter; there is no HIV industry, of course. Therefore, any governmental action against AIDS must be within the same public health framework as the actions against influenza, high potential measles, or tooth cavities: we balance the general welfare first, part of the Declaration of Independence and the Bill of Rights.

I then discussed differences in the laws pertaining to smoking, and the much more difficult time we have in passing laws about the ways in which AIDS is spread in the population.

Another thing that both cigarette smoking and HIV have in common is their international character. Both share top billing at the World Health Organization. One bit of news in this lecture that most people do not know about is that I called attention to the remarks of Mr. J.T. Bunn, of the Leaf Tobacco Exporters Association, as he told the following to the Inter-Agency Committee on Smoking and Health, which I chaired. In 1987 “the value of U.S. exports of leaf tobacco total \$3.3 billion. The value as tobacco imports totaled \$705 million,” Mr. Bunn was proud that this was an important contribution to our balance of payments.

I pointed out that others don’t see it that way, and referred to the 1987 Tokyo meeting of representatives of 15 Asian countries who attended a W.H.O. “Regional Working Group on Tobacco OR Health.” For example, cigarette consumption everywhere in Asia was rising faster than the overall rise in population. In China alone there were 50 million kids running around who will eventually die prematurely from smoking.

Next, in 10 of those 15 Asian countries, American cigarettes were the most common kind imported. They don’t carry the Surgeon General’s warning, even though many are manufactured with a higher tar content and are, therefore, even more dangerous than the fully-labeled products sold in this country.

Finally, the top three causes of death in the 15 countries concerned, were the same as in the United States: heart-disease, cancer, and stroke. The lethal consequences hit Asia, and thanks to our own cigarette industry, hit Asia hard.

I have pointed to the fight against the huge smoking epidemic world-wide, talked to the international organization of consumers unions (not a U.N. group, by the way), that goes by the name of “AGHAST” or “Action Groups to Halt the Advertising and Sponsorship of Tobacco.”

Again, I revealed that Mr. J. T. Bunn and I were not on the same page. He had warned me previously that if I continued my anti-smoking campaign it would be “telling our foreign friends how to conduct trade and how to change their habits.” He had the unbelievable gall to say that it made the United States look like “The Ugly American.” That has to be one of the best demonstrations of barefaced cynicism I have ever encountered.

On the other hand, the AIDS epidemic is different in that the United States has been a world leader in the effort to isolate and identify the virus, and to stop the epidemic and turn it around. We have also financed most of the research in the disease, both here and abroad, and have helped a number of countries in their effort to report AIDS, especially in Sub-Sahara Africa. Nonetheless, the epidemic was spreading throughout 135 countries, just as it was here in the United States.

The caseload of AIDS abroad was mainly rising because of HIV infected blood and blood products, and a high proportion of infected prostitutes. In some areas, up to 90 of the female prostitutes carried the AIDS virus. I offered proof of how the world was not dealing candidly with the epidemiological data, and talked about the necessary sensitivity training to adequately educate about AIDS

I closed with reminding the audience that I had been talking about two public health epidemics, and in spite of the fact that I spent a great deal of my time and energy on alcoholism and drunk driving, on drug abuse, on matters effecting maternal and child health, and on the study of the health affects of abortion on women – for sheer numbers of hours, volumes of mail, and logs of phone calls, and personal visits to my office, the two leading issues are AIDS and cigarettes, by far, in this country.

**The user of this archive on smoking is referred to a lecture I gave on June 19, 1988, to the National P.T.A. in Salt Lake City, Utah, where I discussed the two major problems with which my office dealt – smoking and AIDS. The user is referred, on the smoking issue, to that lecture because I deal with it in a different way that in most of my other lectures on smoking and a very special way compared to the other epidemic that takes most of our time. There follows an index at this site, for that lecture.

Annual Reports by the Surgeon General on Smoking
Cigarette Smoking and the Bill of Rights
Cigarette Smoking and the Constitution
Comparison of Nicotine to Cocaine and Heroin
Comparison with the AIDS Epidemic
Health through the Surgeon General's Prism
Laws Against Smoking Versus Laws Against Spread of AIDS
Pharmacological Process of Addiction to Nicotine
Preeminence of Smoking as a Health Issue
Progress Against Smoking
"Regional Working Group on Tobacco or Health" (15 Asian Countries)
Responsibility of the Cigarette Industry
The Six Part Definition of an Addictive Drug
Smoking and Debilitating, Disabling, and Fatal Diseases
Smoking Mortality
Smoking and Solid Scientific Data Against it
Surgeon General's Report on Cigarette Smoking and Addiction
Surgeon General's Report on Smoking and Cancer (1982)
Surgeon General's Reports on Smoking and Heart Disease, Stroke, and Chronic
Obstructive Lung Disease

Surgeon General's Report on Smoking and the Workplace and Involuntary Smoking
Tobacco Export and the Balance of Trade
Tobacco Liability Litigation
Tobacco Liability in New Jersey

"Aghast"

American Medical Association
American Psychiatric Association
Inter-Agency Committee on Smoking and Health
J.T. Bunn
Leaf Tobacco Exporters Association
Rose Cipollone
World Health Organization

Alcoholism and Drunk Driving
Comparison of Caseload of AIDS in the U.S. vs. Other Countries
Comparison of Epidemics of Smoking and AIDS
Drug abuse
Failure of Countries to Deal Candidly with Epidemiological Data
Financing of Rresearch on AIDS by U.S.
Health Affects of Abortion on Women
Maternal and Child Health
Misleading Reports on AIDS from Hong Kong
President of the United States
Sensitivity Training for AIDS education