ORIGINAL

THE CURRENT CRISIS IN AIDS

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I APPRECIATE THIS OPPORTUNITY TO SPEAK WITH YOU ABOUT A RELATIVELY NEW AND VERY SERIOUS PUBLIC HEALTH MATTER WHICH AFFECTS YOUR COUNTRY AND MINE -- AND INDEED THE REST OF THE WORLD.

I'M TALKING ABOUT AIDS.

LET ME TAKE JUST A MOMENT TO BRING YOU UP TO DATE ON THIS ISSUE. AND THEN I WANT TO EXPLORE SOME OF THE KEY QUESTIONS THAT AIDS POSES TO OUR SOCIETIES TODAY...AND TOMORROW.

FIRST...A LITTLE HISTORY FROM THE U.S.

ALMOST SIX YEARS AGO, IN JUNE 1981, THE PUBLIC HEALTH SERVICE PUBLISHED THE FIRST REPORTS OF FIVE CASES OF <u>PNEUMOCYSTIS CARINII</u> PNEUMONIA IN LOS ANGELES.

NOW, FIVE CASES AREN'T MUCH...BUT THIS LETHAL DISEASE IS SO RARE THAT A HANDFUL OF CASES IN A SINGLE YEAR IS LIKE AN EPIDEMIC. ALSO, AS THE EDITOR OF THE MORBIDITY AND MORTALITY WEEKLY REPORT, OR M.M.W.R., OBSERVED AT THE TIME...

"THE OCCURRENCE OF PNEUMOCYSTIS IN THESE 5 PREVIOUSLY HEALTHY INDIVIDUALS WITHOUT A CLINICALLY APPARENT UNDERLYING IMMUNODEFICIENCY IS UNUSUAL."

SOON, THERE WERE SIMILAR REPORTS TRICKLING IN FROM OTHER CITIES AS WELL. THEN, A MONTH LATER, THE EDITOR OF THE M.M.W.R. PUBLISHED A

REPORT THAT 26 YOUNG MEN HAD BEEN RECENTLY DIAGNOSED AS HAVING KAPOSI'S SARCOMA, "AN UNCOMMONLY REPORTED MALIGNANCY" USUALLY FOUND -- IF AT ALL -- AMONG ELDERLY MEN.

AS THE M.M.W.R. EDITOR NOTED IN THE JULY 1981 ISSUE, THESE 26 YOUNG MEN, LIKE THOSE FIRST 5 IN LOS ANGELES WITH PNEUMOCYSTIS, WERE YOUNG HOMOSEXUALS. AND, IN THAT SAME JULY ISSUE, THE EDITOR PUBLISHED 10 NEW REPORTS OF PNEUMOCYSTIS...AND ALL OF THEM INVOLVED YOUNG HOMOSEXUALS, ALSO.

PUBLIC HEALTH INVESTIGATORS THEN REPORTED THAT PEOPLE WERE NOT ONLY SICK WITH THESE VERY DANGEROUS DISEASES...THEY WERE DYING OF THEM.

FOR SOME MYSTERIOUS REASON, THEIR BODIES WERE NOT FIGHTING BACK.

APPARENTLY THESE VICTIMS HAD ACQUIRED SOME KIND OF "BUG" -- A VIRUS, MOST LIKELY -- THAT ATTACKED AND DESTROYED THEIR NATURAL IMMUNE SYSTEMS.

MEDICINE HAD NEVER COME UPON A SYNDROME QUITE LIKE IT BEFORE. WE GAVE IT A LONG TITLE: THE "ACQUIRED IMMUNE DEFICIENCY SYNDROME." BUT WE SOON SETTLED JUST FOR THE INITIALS...A.I.D.S. ...OR "AIDS."

AND IT'S BEEN AIDS EVER SINCE.

YOU'VE READ THE STORIES AND HAVE SEEN IT ON TELEVISION, I'M SURE, SO I WON'T GO THROUGH THE WHOLE HISTORY ALL OVER AGAIN. INSTEAD, I'LL JUST TOUCH ON A FEW KEY POINTS:

FIRST OF ALL, WE'RE TALKING ABOUT A DISEASE THAT IS SPREADING AND IS FATAL. IT NOW TAKES ABOUT A YEAR IN THE U.S. FOR THE NUMBER OF VICTIMS TO DOUBLE. FOR EXAMPLE, AT THE END OF 1985, WE HAD A CUMULATIVE TOTAL OF ABOUT 19,000 REPORTED CASES. TODAY THE TOTAL NUMBER OF AIDS VICTIMS IS CLOSE TO 37,000.

OVER HALF OF THEM HAVE ALREADY DIED OF THE DISEASE...AND THE REST PROBABLY WILL.

THIS YEAR WE EXPECT TO ADD ANOTHER 23,000. AND BY THE END OF 1990 THE CUMULATIVE TOTAL WILL BE OVER A QUARTER OF A MILLION.

SECOND POINT: EVEN THOUGH SCIENTISTS HAVE HAD A LOOK AT THE AIDS VIRUS, WE STILL DON'T KNOW PRECISELY WHAT IT IS.

IN 1984 THE SEARCH WAS NARROWED DOWN TO SOMETHING CALLED A "HUMAN RETROVIRUS." THE SCIENTISTS AT THE NATIONAL CANCER INSTITUTE WERE EVEN ABLE TO PIN-POINT A SPECIFIC ONE. THEY CALLED IT THE "HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE III," OR SIMPLY "HTLV-III."

THE SAME VIRUS SHOWED UP IN THE WORK OF THE PASTEUR INSTITUTE, WHERE IT BECAME KNOWN AS THE "LYMPHADENOPATHY-ASSOCIATED VIRUS," OR "LAV." SCIENTISTS NOW AGREE TO CALL IT BY THE SINGLE COMMON NAME OF "HUMAN IMMUNODEFICIENCY VIRUS," OR "H.I.V."

THE ABILITY TO RECOGNIZE THE VIRUS WAS A VERY IMPORTANT DEVELOPMENT. ONCE YOU KNOW WHERE THE AIDS VIRUS IS, YOU CAN THEN RECOGNIZE THE PRESENCE OF ANTIBODIES SPECIFIC TO IT.

OF COURSE, THOSE ANTIBODIES AREN'T VERY EFFECTIVE, BUT THEY'RE PRESENT NEVERTHELESS.

AS OF 1985 WE'VE HAD A TEST THAT CAN DETECT THE PRESENCE OF THESE ANTIBODIES IN A PERSON'S BLOODSTREAM. BEFORE THE TEST WAS DEVELOPED, THE AIDS ANTIBODIES WERE TURNING UP IN ABOUT 4 OR 5 UNITS OF BLOOD PER 10,000 UNITS. NOW, SINCE BLOOD SCREENING WAS BEGUN, THAT FIGURE HAS COME DOWN TO ABOUT 4 UNITS PER 1 MILLION UNITS OF TRANSFUSED BLOOD. AND, AS YOU KNOW, I'M SURE, THAT'S AS CLOSE TO PERFECT AS YOU CAN GET IN THIS KIND OF SERVICE.

ON THE BASIS OF SUCH TESTING, PLUS OTHER EPIDEMIOLOGICAL DATA, WE THINK THERE ARE BETWEEN A MILLION AND A MILLION-AND-A-HALF AMERICANS WALKING AROUND WITH THE AIDS VIRUS IN THEIR

SYSTEMS. ALTHOUGH, HONESTLY, IT COULD BE 400,000 TO 4 MILLION.

THEY HAVE THE VIRUS...BUT THEY AREN'T YET SICK WITH AN AIDS-RELATED DISEASE, SUCH AS PNEUMOCYSTIS CARINII PNEUMONIA OR KAPOSI'S SARCOMA OR TOXOPLUSMOSIS AS YOU SEE IT HERE IN BERLIN.

ONE MAJOR COMPLICATION FOR MAKING ESTIMATES FOR THE FUTURE IS THE LENGTH OF THE INCUBATION PERIOD. IT CHANGES. APPARENTLY IT CAN BE ANYWHERE FROM A YEAR OR SO IN SOME PEOPLE TO 10 YEARS IN OTHERS. SO WE STILL CAN'T PREDICT WHICH PERSON CARRYING THE AIDS VIRUS WILL OR WILL NOT GET AN AIDS-RELATED DISEASE.

BUT IT'S NOT A 50-50 RISK. THE ODDS ARE WORSE THAN THAT. THE POSSIBILITY OF BEING OVERCOME BY AN INFECTIOUS DISEASE OF SOME KIND IS VERY, VERY HIGH. IN FACT, SOME RESEARCHERS NOW FEEL THAT ANYONE WITH THE AIDS VIRUS WILL EVENTUALLY CONTRACT AN AIDS-RELATED DISEASE IF HE LIVES LONG ENOUGH...AND WILL DIE FROM IT.

THERE'S OTHER RESEARCH GOING ON AS WELL, IN THE AREA OF DRUG THERAPY AND VACCINE DEVELOPMENT. IN FACT, RESEARCH NOW COMMANDS ABOUT $300 MILLION IN U.S. FEDERAL FUNDS THIS YEAR, PLUS MANY MILLIONS MORE IN STATE AND PRIVATE SECTOR FUNDS.

ONE NEW EXPERIMENTAL DRUG -- AZIDOTHYMIDINE, OR A.Z.T. -- HAS GONE THROUGH A SO-CALLED "FAST-TRACK" APPROVAL PROCESS AND IS NOW BEING USED TO PROLONG THE LIVES OF AIDS VICTIMS DYING OF PNEUMOCYSTIS CARINII PNEUMONIA.

BUT I'M AFRAID THAT'S ALL A.Z.T. DOES...IT PROLONGS SOME LIVES, IT DOES NOT SAVE THEM. FOR SAVING LIVES, WE NEED A VACCINE.

AND EVERYBODY WANTS TO KNOW WHEN AN EFFECTIVE VACCINE MIGHT BE AVAILABLE. I HAVE TO TELL THEM THAT I DON'T SEE ONE IN THE NEAR FUTURE.

NATURALLY, WE'RE MOVING AHEAD ON THIS FRONT AS QUICKLY AS WE CAN. BUT, AS YOU KNOW, VACCINE DEVELOPMENT IS ONE THING THAT CANNOT BE RUSHED WITHOUT CREATING MORE PROBLEMS THAN WE ALREADY HAVE.

WE NEED TO REMEMBER, FOR EXAMPLE, THAT IT TOOK 17 YEARS TO DEVELOP THE HEPATITIS B VACCINE...AND THAT WAS A COMPARATIVELY EASY VIRUS TO UNDERSTAND.

NOW FOR MY <u>THIRD</u> POINT:

WE DON'T KNOW VERY MUCH ABOUT AIDS...BUT WE <u>DO</u> KNOW --WITH COMPLETE CERTAINTY -- THAT THE AIDS VIRUS TENDS TO CONCENTRATE IN BODY FLUIDS

WHICH ALSO CARRY LARGE CONCENTRATIONS OF INFECTED LYMPHOCYTES.

IN MOST BODY FLUIDS -- SUCH AS TEARS, SALIVA, AND PERSPIRATION, FOR EXAMPLE -- THE VIRUS PARTICLE COUNT IS VERY LOW OR ABSENT ALTOGETHER. ON THE OTHER HAND, LARGE NUMBERS OF VIRUS PARTICLES ARE FOUND IN BLOOD AND SEMEN.

THIS IS ONE OF THE MOST IMPORTANT PIECES OF INFORMATION WE HAVE SO FAR. IT EXPLAINS, FOR EXAMPLE, WHY THE INITIAL ALARM ABOUT AIDS WAS SOUNDED AMONG HOMOSEXUALS AND BISEXUAL MEN.

SOME SEX PRACTICES AMONG THESE MEN NOT ONLY PRODUCE SEMEN BUT MAY ALSO CAUSE SOME BLEEDING. AND, AGAIN, BLOOD AND SEMEN ARE THE ONLY TWO BODY FLUIDS THAT CARRY -- AND TRANSMIT -- HIGH ENOUGH CONCENTRATIONS OF THE LIVE AIDS VIRUS.

THE BIOPHYSICAL PECULIARITIES OF THE AIDS VIRUS ALSO EXPLAIN WHY 25 PERCENT OF ALL AIDS CASES ARE INTRAVENOUS DRUG ABUSERS WHO USE CONTAMINATED NEEDLES AND OTHER PARAPHERNALIA THEY'VE BORROWED FROM OTHER ADDICTS WHO HAVE AIDS. THIS GROUP INCLUDES DRUG ABUSERS WHO ARE HOMOSEXUALS, ALSO.

WHEN WE FIRST BEGAN TO CONFRONT THE AIDS EPIDEMIC, THE PEOPLE AT HIGHEST RISK WERE EITHER HOMOSEXUALS AND BISEXUAL MEN AND I.V. DRUG ABUSERS, MALE AND FEMALE. I'M AFRAID THEY STILL ARE: 9 OF EVERY 10 CASES INVOLVE THESE KINDS OF INDIVIDUALS.

BUT NOWADAYS WE'RE RECEIVING MORE AND MORE REPORTS OF THE AIDS VIRUS OCCURRING AMONG HETEROSEXUAL MEN AND WOMEN WHO ARE NOT I.V. DRUG ABUSERS. IN FACT, THEIR HETEROSEXUAL ACTIVITY SEEMS TO BE THEIR ONLY RISK FACTOR.

AS OF LAST WEEK, 4 PERCENT OF ALL REPORTED AIDS CASES IN THE U.S. WERE OF SUCH HETEROSEXUAL MEN AND WOMEN...A PERCENTAGE, BY THE WAY, THAT'S CLIMBING.

ANOTHER CONCERN IS THE RISE IN AIDS AMONG BLACKS AND HISPANICS. BLACKS ACCOUNT FOR 12 PERCENT OF THE U.S. POPULATION, BUT THEY ACCOUNT FOR 25 PERCENT OF ALL AIDS CASES. SIMILARLY, HISPANICS ACCOUNT FOR 6 PERCENT OF THE U.S. POPULATION, BUT THEY ACCOUNT FOR 14 PERCENT OF ALL AIDS CASES.

SO THE DEMOGRAPHY OF THIS DISEASE IS BECOMING AS COMPLEX AS THE DISEASE ITSELF.

AND THAT LEADS ME TO MY FOURTH POINT: OUR SINGLE DEFENSE AGAINST THIS DISEASE FROM THE VERY BEGINNING HAS BEEN INFORMATION AND EDUCATION. AND IT STILL IS.

OVER THE PAST 5 YEARS, WE'VE BEAMED INFORMATION ALMOST EXCLUSIVELY TO HOMOSEXUALS AND BISEXUAL MEN AND, WHEREVER POSSIBLE, TO DRUG ABUSERS. AMONG HOMOSEXUALS, THIS CAMPAIGN SEEMS TO HAVE BEEN EFFECTIVE...THEIR SEXUAL BEHAVIOR HAS APPARENTLY CHANGED.

I AM ADVISED THAT THERE'S BEEN A NOTICEABLY SHARP DROP IN THE NUMBERS OF MEN TAKING PART IN WHOLESALE, ANONYMOUS, PROMISCUOUS SEX.

AS A RESULT, A DECLINE IS ALREADY OCCURRING IN THE INCIDENCE OF OTHER SEXUALLY TRANSMITTED DISEASES AMONG HOMOSEXUAL MEN, SUCH AS GONORRHEA, HEPATITIS B., AND SYPHILIS.

BUT NOW WE NEED TO DIRECT OUR INFORMATION AND EDUCATION EFFORTS OUT TO HETEROSEXUAL MEN AND WOMEN...WHICH IS TO SAY, TO SOCIETY AT LARGE.

THAT WAS THE BASIS FOR THE SURGEON GENERAL'S REPORT ON AIDS, WHICH I RELEASED LAST OCTOBER. LET ME TAKE JUST A MINUTE HERE TO EXPLAIN HOW THAT REPORT CAME ABOUT.

EARLY IN FEBRUARY 1986, PRESIDENT REAGAN INSTRUCTED ME TO PULL TOGETHER EVERYTHING WE KNEW ABOUT AIDS AND PUT IT INTO A PLAIN-ENGLISH REPORT TO THE AMERICAN PEOPLE.

THE PRESIDENT WAS CONCERNED THAT THERE WAS STILL TOO MUCH CONFUSION AMONG THE AMERICAN PEOPLE ABOUT THE NATURE OF THIS THREAT TO PUBLIC HEALTH. HE ASKED ME TO DO WHAT I COULD TO SET THE RECORD STRAIGHT.

FOR THE NEXT 8 MONTHS I MET WITH CONCERNED INDIVIDUALS AND GROUPS FROM ACROSS THE SPECTRUM OF SOCIETY...HEALTH, EDUCATION, THE CHURCHES, CIVIL RIGHTS GROUPS.

THEY WERE ALL EXTRAORDINARILY CANDID AND HELPFUL.

AFTER 8 MONTHS OF LISTENING AND WRITING, I DELIVERED BY REPORT TO THE CABINET AND TO THE PRESIDENT. IT WAS ACCEPTED...AND I RELEASED IT TO THE AMERICAN PEOPLE ON OCTOBER 22, 1986.

I WANT TO ASSURE YOU THAT AT NO TIME HAVE I HAD ANY MISGIVINGS ABOUT ANYTHING I WROTE.

THERE IS MUCH SCIENTIFIC AND PUBLIC HEALTH INFORMATION IN THAT REPORT, BUT ON THE BEHAVIORAL SIDE, THERE WERE JUST THREE MESSAGES THAT ARE VITALLY IMPORTANT:

THE <u>FIRST MESSAGE</u> IS SIMPLE ENOUGH. IT SAYS THAT THE BEST DEFENSE AGAINST AIDS IS TOTAL ABSTINENCE FROM SEXUAL RELATIONS.

I THINK THAT'S PRECISELY THE RIGHT MESSAGE TO GIVE TO OUR CHILDREN -- AIDS OR NO AIDS. BUT ADULTS ARE AT RISK, ALSO, AND A RECOMMENDATION OF TOTAL ABSTINENCE FOR THE ENTIRE POPULATION IS, TO SAY THE LEAST, UNREALISTIC.

HENCE, MY <u>SECOND MESSAGE</u> IS THIS:

FIND SOMEONE WHO IS WORTHY OF YOUR RESPECT AND YOUR LOVE...GIVE THAT PERSON BOTH...AND STAY FAITHFUL TO HIM OR HER.

IN OTHER WORDS, SHORT OF TOTAL ABSTINENCE, THE BEST DEFENSE AGAINST AIDS IS TO <u>MAINTAIN A FAITHFUL, MONOGAMOUS RELATIONSHIP</u> IN WHICH YOU

HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

MY THIRD MESSAGE IS FOR PEOPLE WHO AREN'T ABSTINENT BUT DON'T YET HAVE A FAITHFUL MONOGAMOUS RELATIONSHIP...FOR WHATEVER REASON. UNLESS YOU KNOW WITH ABSOLUTE CERTAINTY THAT NEITHER YOU NOR YOUR PARTNER IS CARRYING THE AIDS VIRUS, YOU MUST USE CAUTION.

FROM THE VIEWPOINT OF EPIDEMIOLOGY, WHEN YOU HAVE SEX WITH SOMEONE, YOU'RE ALSO HAVING SEX WITH EVERYONE ELSE WITH WHOM THAT PERSON HAS HAD SEX.

AND, WHEN YOU CONSIDER THE LONG INCUBATION PERIOD FOR THE AIDS VIRUS, WE'RE TALKING ABOUT THAT PERSON'S HISTORY OF SEXUAL RELATIONS GOING BACK 5 YEARS OR PERHAPS LONGER.

IF YOU DO DECIDE TO HAVE SEX WITH SOMEONE AND YOU ARE NOT ABSOLUTELY CERTAIN ABOUT HIS OR HER SEXUAL HISTORY, THEN -- IF YOU'RE A MAN -- USE A CONDOM FROM START TO FINISH. IF YOU'RE A WOMEN, MAKE SURE YOUR MALE PARTNER USES A CONDOM...AGAIN, FROM START TO FINISH.

A CONDOM WON'T PROVIDE 100 PERCENT PROTECTION -- FEW THINGS IN LIFE DO -- BUT SO FAR IT SEEMS TO BE THE BEST PROTECTION AVAILABLE.

THE DIFFERENCES OF OPINION IN THE U.S. SWIRL AROUND:

- O SEX EDUCATION FOR THE YOUNG, AND
- O HOW TO BEST PROTECT INDIVIDUALS WHO ARE HIV POSITIVE, OR HAVE AIDS, FROM UNWARRANTED DISCLOSURE AND DISCRIMINATION, WHILE PROTECTING THE PUBLIC FROM INFECTION.

I WOULD LIKE TO SUMMARIZE THE LATTER.

FROM A PUBLIC HEALTH PERSPECTIVE, THE PRIMARY PURPOSE OF ANY ACTION RELATED TO THE AIDS EPIDEMIC IS TO PREVENT THE SPREAD OF THE DISEASE. THERE ARE A BROAD RANGE OF OPTIONS, SOME REFLECTING TRADITIONAL FEDERAL AND STATE ROLES. SOME GO BEYOND THE PUBLIC HEALTH PURPOSE AND WOULD HAVE BROADER EFFECTS ON INSURANCE, EMPLOYMENT, AND OTHER PRACTICES.

THE CURRENT PROTECTION FROM DISCLOSURE OF PERSONS WHO ARE HIV POSITIVE INCLUDE PRIVATE ACTIONS SUCH AS PHYSICIAN DISCRETION, THE HIPPOCRATIC OATH, ETC., STATE LAWS AND FEDERAL LAWS AND REGULATIONS:

- STATE LAWS ARE A PATCHWORK AND VARY SUBSTANTIALLY. THEY INCLUDE LAWS PROTECTING PHYSICIAN PATIENT PRIVILEGE AND CONFIDENTIALITY OF MEDICAL RECORDS, STATE LAWS GOVERNING REPORTING OF COMMUNICABLE DISEASES, ESPECIALLY SEXUALLY TRANSMITTED DISEASES, AND NEW STATE LAWS SPECIFIC TO AIDS. THE NEW STATE LAWS ARE GROWING RAPIDLY IN NUMBER AND ARE INCONSISTENT AS TO PROHIBITED OR MANDATED DISCLOSURES. MOST STATES HAVE NOT CLASSIFIED AIDS AS A SEXUALLY TRANSMITTED DISEASE.

THE PROBLEM WITH ALL OF THIS IS THAT POTENTIAL OR ACTUAL DISCLOSURE MAY "CHILL" VOLUNTARY TESTING, STIGMATIZE THE INFECTED AND POSSIBLY LEAD TO ACTUAL DISCRIMINATION.

INSOFAR AS DISCRIMINATION IS CONCERNED, PROPER OR IMPROPER DISCLOSURE BY CUSTODIANS OF INFORMATION MAY RESULT IN ACTIONS BEING TAKEN AGAINST PERSONS WHO ARE HIV POSITIVE OR WHO HAVE PROGRESSED TO FULL BLOWN AIDS.

THE CURRENT PROTECTIONS ARE MIXED:

- O STATE COURTS HAVE UNIFORMLY RULED THAT INFECTED CHILDREN ARE ENTITLED TO ATTEND SCHOOL.

- ONLY A HANDFUL OF STATES PROHIBIT INSURERS FROM TESTING AND DENYING INDIVIDUAL HEALTH INSURANCE TO THOSE INFECTED.

- FOR EMPLOYMENT, HEALTH CARE, AND OTHER SERVICES, LEGAL PROTECTIONS VARY STATE BY STATE USUALLY DEPENDING ON THE INTERPRETATION OF HANDICAPPED DISCRIMINATION STATUTES IN A FEW STATES, AND IN A FEW STATES, NEW AIDS-SPECIFIC STATUTES.

- IN THE UNITED STATES A FEDERAL STATUTE KNOWN AS SECTION 504 OF THE REHABILITATION ACT PROHIBITS DISCRIMINATION AGAINS THE HANDICAPPED BY THOSE INSTITUTIONS SUPPORTED BY FEDERAL FUNDS. A RECENT SUPREME COURT DECISION KNOWN AS THE ARLINE DECISION MEANS THAT PEOPLE WITH AIDS WILL BE PROTECTED. HOWEVER, THE REACH OF THIS PROTECTION IS UNCLEAR, BUT LIMITED.

IN PROTECTING THE PUBLIC FROM INFECTION, THE PRINCIPLE SITUATIONS OF CONCERN INCLUDE SEXUAL PARTNERS, HEALTH WORKERS, MORTICIANS AND OTHER HIGH RISK OCCUPATIONS, PRISONERS, CUSTOMERS OF PROSTITUES, AND MOST RECENTLY ASSAULT VICTIMS. THE LATTER ARE INDIVIDUALS WHO ARE INTENTIONALLY INFECTED, BY SEXUAL MEANS, OR BITING, ETC. A SMALL NUMBER OF CASES HAVE RECEIVED INORDINATE PUBLICITY AND PROBABLY EXAGGERATES THIS PROBLEM.

THE CURRENT PROTECTIONS FOR CONSENTING SEXUAL PARTNERS ARE MINIMAL. SOME STATES REQUIRE, BY EXISTING SEXUALLY-TRANSMITTED

DISEASE LAW, OR SPECIAL AIDS LAW, "CONTACT TRACING" FOR THOSE TESTING POSITIVE. BUT, MOST RELY SOLELY ON VOLUNTARY DISCLOSURE. THE TWO LARGEST TESTING PROGRAMS, -- BLOOD BANKS AND MILITARY RECRUITS, -- DO NOT ROUTINELY PROVIDE FOR CONTACT TRACING.

OTHER PROTECTIONS OF THE PUBLIC ARE MIXED:

- FEW STATES OR CITIES TEST PROSTITUTES, BUT MANY ARE CONSIDERING STEPS IN THIS DIRECTION.

- IN ALL STATES CURRENT LAWS AGAINST CRIMINAL ASSAULT THEORETICALLY APPLY TO HIV CARRIERS WHO BITE OR RAPE AND THERE ARE SEVERAL COURT CASES PENDING.

- FOR HIGH RISH PROFESSIONS, PARTICULARLY HEALTH WORKERS, PROTECTION DEPENDS PRIMARILY ON PRACTICE RATHER THAN LAW. THERE ARE GUIDELINES ISSUED BY THE CENTERS FOR DISEASE CONTROL IN THIS REGARD.

- THE JUSTICE DEPARTMENT HAS ANNOUNCED TESTING OF FEDERAL PRISONERS. IN ADDITION, SOME STATES ARE DOING THIS, BUT FOLLOW-UP STEPS OR OTHER USE OF RESULTS REMAIN UNCLEAR. MOST LOCAL JURISDICTIONS THAT I HAVE VISITED ARE HESITANT TO TEST BECAUSE THEY DO NOT HAVE MEANS OF SEGREGATING PRISONERS AND FEAR FOR THE LIVES OF THOSE WHO MIGHT BE KNOWN TO BE HIV POSITIVE.

THE POTENTIAL PROBLEM CAUSED BY THIS MIXED TYPE OF PROTECTION IS SUBSTANTIAL IF THE PUBLIC IS NOT PROTECTED AND INCLUDE NOT ONLY INFECTION OF UNSUSPECTING PERSONS, BUT ALSO A POTENTIAL FOR BACKLASH IF GOVERNMENTS ARE NOT PERCEIVED TO BE TAKING ALL OF THE PRUDENT STEPS.

THE EXTENT OF THE PROBLEM IS INCREASING WITH THE SPREAD OF DISEASE, PARTICULARLY IN HIGH INCIDENCE AREAS AND FOR HETEROSEXUALS. STUDIES SHOW THAT HOMOSEXUAL MEN, BUT NOT HETEROSEXUAL INDIVIDUALS, HAVE SUBSTANTIALLY CHANGED BEHAVIORS TO REDUCE RISKS.

CURRENT CONTROVERSY IN THE UNITED STATES IS BETWEEN THOSE WHO FAVOR MANDATORY TESTING AND THOSE WHO DO NOT. THE MOTIVATION OF THE FORMER GROUP IS MIXED, MOST OF THE PUBLIC HEALTH PEOPLE ADHERE TO THE LATTER STANCE.

THE TWO AREAS OF MOST HEATED CONTROVERSY ARE PREMARITAL TESTING AND THE TESTING OF HOSPITAL ADMISSIONS.

HIGH RISK PEOPLE ARE USUALLY NOT GETTING MARRIED IN THE UNITED STATES. THE OLD LAWS PERTAINING TO MARRIAGE LICENSES AND TESTING FOR SYPHILIS ARE NOT APPLICABLE BECAUSE FOR SYPHILIS THERE WAS A CURE; THERE IS NO SUCH THING

AVAILABLE FOR AIDS. SEVENTY-FIVE PERCENT OF THOSE GETTING MARRIED HAVE ALREADY BEEN LIVING TOGETHER. THE COSTS OF SUCH TESTING IS EXORBITANT IN REFERENCE TO THE NUMBER OF CASES FOUND, AFTER WHICH THERE IS NO PROGRAM AVAILABLE EXCEPT EDUCATION. IT IS ESTIMATED THAT IN THE STATE OF NEW HAMPSHIRE, ABOUT TO ENACT A LAW, IT WOULD COST $100,000 TO FIND A SINGLE HIV INFECTED PERSON IN PREMARITAL SCREENING.

THE TESTING OF HOSPITAL ADMISSIONS IN MANDATORY FASHION IS OPPOSED BY MOST PUBLIC HEALTH AUTHORITIES. A COMPROMISE PLAN IS UNDER DISCUSSION WHERE ONLY SURGICAL ADMISSIONS WOULD BE VOLUNTARILY TESTED IN ORDER TO REDUCE THE

TENSION CURRENTLY EXISTING IN OPERATING ROOMS WHERE SURGEONS AND OPERATING ROOM NURSES ARE AT HIGHEST RISK BECAUSE OF ACCIDENTAL INJURY TO THEMSELVES WHILE OPERATING ON AN HIV INFECTED PERSON. SUCH TESTING IS COMING, WHETHER WE WANT IT OR NOT, AND AT THE PRESENT, PLANS CALL FOR THE AVOIDANCE OF DISCRIMINATION WHEREVER POSSIBLE BY LABELING NO PATIENT SERO POSITIVE, BUT LABELING THOSE VOLUNTEERS WHO TEST NEGATIVE IN SOME APPROPRIATE FASHION.

THE REASONS FOR SURGICAL TESTING ARE REAL BECAUSE DOCTORS ARE REFUSING TO OPERATE, AND NURSES ARE LEAVING THEIR JOBS. IN HIGH RISK

AREAS, MEDICAL STAFFS ACKNOWLEDGE THAT THEY ARE NOT GIVING THE BEST CARE TO SOME PATIENTS BECAUSE OF FEAR OF HIV POSITIVITY AND IT IS KNOWN TOO THAT SOME CLASSES OF PATIENTS POST OPERATIVELY DO NOT DO AS WELL IF THEY ARE HIV POSITIVE.

OUR ONLY HOPE AS A NATION -- INDEED AS A CIVILIZATION -- IS THAT WE ALL DO OUR PART TO STOP THE SPREAD OF AIDS...THAT WE WILL PROTECT AND SAVE THE LIVES OF PEOPLE AT RISK.

THAT'S A TALL ORDER -- AND THERE ARE MANY SAYING IT CAN'T BE DONE.

BUT, THEY'RE WRONG.

I THINK WE WILL EVENTUALLY AGREE ON THE TASKS THAT REALLY MATTER -- AND GET THEM DONE.

MY PERSONAL HOPE IS THAT I'LL STILL BE AVAILABLE TO HELP!

THANK YOU.