

ORIGINAL

States

ADDRESS

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PRESENTED TO THE NATIONAL COUNCIL OF STATE LEGISLATURES

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

I APPRECIATE VERY MUCH THIS OPPORTUNITY TO SPEND A FEW MOMENTS WITH YOU REGARDING A MAJOR EVENT IN PUBLIC HEALTH TODAY, AND THAT IS THE CONTINUING SPREAD OF THE DISEASE OF AIDS.

BUT WHILE I HAVE YOUR ATTENTION, I WANT TO PASS ALONG SOME OTHER INFORMATION THAT I HAVE, AS YOUR SURGEON GENERAL. FRANKLY, IT'S THE KIND OF INFORMATION THAT WILL SIT BETTER AFTER THIS NICE LUNCH.

FIRST OF ALL, I WANT TO TELL YOU THAT THE LIFE EXPECTANCY FOR AMERICANS IS NOW AT AN ALL-TIME HIGH. THE AVERAGE CHILD BORN IN THE UNITED STATES TODAY CAN EXPECT TO LIVE UNTIL HE OR SHE IS 75 YEARS OLD.

MY COLLEAGUES IN THE SOCIAL SECURITY ADMINISTRATION ARE SPEECHLESS, WHEN YOU TELL THEM THIS. BUT AS FOR ME, THAT'S PROGRESS AND I'M DELIGHTED.

IN ADDITION, I SHOULD TELL YOU THAT OUR INFANT MORTALITY RATE IS NOW THE LOWEST IN OUR HISTORY AND -- I'M HAPPY TO SAY -- IS ONE OF THE LOWEST INFANT MORTALITY RATES OF ANY MODERN, INDUSTRIALIZED COUNTRY IN THE WORLD.

MORE CHILDREN BORN HERE ARE STARTING OUT HEALTHY...AND THEY TEND TO STAY THAT WAY. ABOUT 10,000 CHILDREN WILL BE BORN TODAY -- OVER 200 WHILE I'M UP HERE TALKING TO YOU THIS AFTERNOON. BUT LESS THAN 1 PERCENT OF THOSE CHILDREN -- 2 NEW BABIES -- WILL DIE WITHIN THE MONTH. THAT'S 2 TOO MANY...STILL, IT IS A RECORD LOW FOR OUR COUNTRY.

I WON'T GIVE YOU ALL THE NUMBERS, BUT I THINK YOU SHOULD KNOW THAT THE DEATH RATE FROM HEART DISEASE IS CONTINUING TO GO DOWN, AND SO ARE THE DEATH RATES FOR STROKE AND FOR MOST CANCERS. WHAT'S SO IMPORTANT ABOUT THIS IS THAT THE NUMBERS ARE LOOKING BETTER, ESPECIALLY AMONG PEOPLE IN THEIR 30's, 40's, AND 50's, IN THEIR PEAK YEARS OF EARNING POWER.

WHAT'S BEHIND ALL THIS GOOD NEWS? WITHOUT HESITATION, I'D HAVE TO SAY THAT A VERY BIG FACTOR IS THE EXCELLENT PUBLIC HEALTH LEADERSHIP WE HAVE TODAY AT THE STATE AND LOCAL LEVELS.

IT ALWAYS WAS GOOD...BUT TODAY IT'S OUTSTANDING, RIGHT ACROSS THE COUNTRY.

IF I HAD SPENT THE PAST 6 YEARS CLINGING TO MY DESK BACK IN WASHINGTON, I COULDN'T SAY THAT. BUT I'VE BEEN ON THE ROAD A GREAT DEAL -- AS MRS. KOOP REMINDS ME -- AND I'VE SPOKEN WITH AND I'VE WORKED WITH MANY DOZENS OF PUBLIC HEALTH PERSONNEL FROM ALL 50 STATES -- COMMISSIONERS...THE CHAIRS OF BOARDS OF PUBLIC HEALTH ...EPIDEMIOLOGISTS...HEALTH ECONOMISTS...PEOPLE FROM ALL DISCIPLINES.

OF COURSE, MY FAVORITES FOR MANY YEARS ARE THE PEOPLE WHO CARRY OUT STATE MATERNAL AND CHILD HEALTH PROGRAMS.

I THINK I KNOW WHO THEY ARE...AND HOW THEY WORK...AND I KNOW THE KIND OF MAGNIFICENT JOB THEY'RE DOING FOR THE AMERICAN PEOPLE.

AND THAT'S WHY I BELIEVE THEY'RE A MAJOR FACTOR IN THE CONTINUING IMPROVEMENT OF THE HEALTH STATUS OF THE AMERICAN PEOPLE.

BUT I ALSO KNOW THAT THESE FINE PUBLIC SERVANTS COULD ONLY ACCOMPLISH THE THINGS THEY HAVE ACCOMPLISHED IN REGARD TO CHRONIC DISEASE, IMMUNIZATION, DENTAL HEALTH, WASTE MANAGEMENT, AND SO ON, BECAUSE THEY'VE HAD THE UNDERSTANDING AND THE SUPPORT OF THEIR STATE LEGISLATURES.

I SUSPECT THAT MANY OF YOU HERE TODAY ARE NOT PRIMARILY CONCERNED WITH PUBLIC HEALTH ISSUES AND SO, LIKE MOST AMERICANS, WHEN YOU READ SOMETHING IN THE NEWSPAPERS ABOUT THE NATION'S HEALTH, IT'S USUALLY BAD NEWS.

BUT, DESPITE A HANDFUL OF TRULY SERIOUS PROBLEMS -- AND I'LL BE TALKING ABOUT ONE OF THEM IN A MOMENT -- I WANT TO ASSURE YOU THAT THE HEALTH STATUS OF THE AMERICAN PEOPLE CONTINUES TO IMPROVE.

AMERICANS ARE GOOD PEOPLE...AND THEY'RE A HEALTHY PEOPLE, TOO. YOU CAN TAKE MY WORD FOR THAT.

AND NOW I WANT TO SPEND A FEW MINUTES TALKING ABOUT ONE OF THOSE PIECES OF BAD NEWS: THE DISEASE OF AIDS.

THE DISEASE HAS BEEN AROUND FOR ONLY 6 YEARS. YET, IN THAT SHORT SPAN OF TIME, THE TOTAL CASE-LOAD HAS GROWN FROM 5 CASES TO 39,000 CASES.

BUT THEY'RE MORE THAN CASES. THEY'RE PEOPLE...HUMAN BEINGS...AND ALREADY MORE THAN HALF OF THEM HAVE DIED -- SOME 22,000 -- AND THE REST PROBABLY WILL.

IN FACT, ONE OF THE FEW THINGS WE KNOW WITH ANY CERTAINTY ABOUT THIS DISEASE IS THAT IT IS GENERALLY FATAL.

YOU HAVE TO REACH VERY FAR BACK IN HUMAN HISTORY TO FIND A CONTAGIOUS DISEASE THAT IS AS LETHAL AS THAT.

WE HAVE NO VACCINE FOR IT...AND WE PROBABLY WON'T HAVE ONE UNTIL THE END OF THIS CENTURY.



THE FEDERAL BUDGET FOR VACCINE RESEARCH WAS \$31 MILLION THIS YEAR, AND WE EXPECT TO DOUBLE THAT FIGURE NEXT YEAR.

BUT SPENDING MORE MONEY WILL NOT NECESSARILY BRING A VACCINE TO THE MARKETPLACE ANY FASTER. VACCINE DEVELOPMENT IS A HIGHLY COMPLEX PROCESS...TIME-CONSUMING...WITH MANY DIFFICULT QUESTIONS OF PATIENT CONSENT AND OTHER ETHICAL ISSUES THAT NEED TO BE ANSWERED ALONG THE WAY.

MONEY IS NEEDED. BUT WITH AIDS AS WITH NEARLY EVERYTHING ELSE, MONEY ISN'T EVERYTHING.

IN FACT, NOTHING ELSE RIGHT NOW CAN HELP STOP THE SPREAD OF AIDS MORE EFFECTIVELY THAN A STRONG PROGRAM OF PUBLIC EDUCATION AND INFORMATION, COMBINED WITH COUNSELING AND TESTING.

THE AIDS VIRUS, AS I'M SURE YOU KNOW BY NOW, IS CHARACTERISTICALLY PASSED FROM PERSON TO PERSON ONLY IN BLOOD AND SEMEN. ALTHOUGH THE VIRUS IS SOMETIMES FOUND IN OTHER BODY FLUIDS, IT DOESN'T SHOW UP IN SUFFICIENT CONCENTRATION IN TEARS OR SALIVA, FOR EXAMPLE, TO BE TRANSMITTED TO ANOTHER PERSON.

THEREFORE, YOU DO NOT GET AIDS FROM SHAKING HANDS, HUGGING, KISSING, SNEEZING, OR EATING.

YOU DON'T GET IT FROM TOILET SEATS, DRINKING FOUNTAINS, SUITCASE HANDLES, OR DOORKNOBS.

YOU DON'T GET IT FROM DRINKING GLASSES, SWEATSHIRTS, LIPSTICK, OR BATH TOWELS.

YOU DON'T GET AIDS FROM MOSQUITOS, FLEAS, OR PETS.

BARRING A CHILD WITH AIDS FROM GOING TO GRADE SCHOOL OR DENYING ANYONE WITH AIDS ANY MEDICAL OR DENTAL SERVICE IS THE WORST KIND OF NONSENSE. IN MOST SOCIAL SITUATIONS THERE IS NO DANGER WHATSOEVER OF BEING INFECTED.

BUT YOU AREN'T ANY OF THOSE THINGS. YOU'RE HERE. AND I'D GUESS THAT THE WORST HEALTH PROBLEM MOST OF YOU HAVE HAD TODAY IS A TEMPORARY DISAGREEMENT WITH YOUR LUNCH.

THAT'S NOT VERY ROMANTIC...AND YOU CAN'T GET A NICKEL FOR THE MOVIE RIGHTS TO A CASE OF INDIGESTION.

BUT THERE IT IS.

OUR EPIDEMIOLOGISTS ESTIMATE THAT ABOUT A MILLION AND A HALF AMERICANS ARE NOW INFECTED WITH THE AIDS VIRUS...BUT, FOR ONE REASON OR ANOTHER, THEY HAVE NOT YET CONTRACTED AN AIDS-RELATED DISEASE. THEREFORE, WE DON'T KNOW WHO THEY ARE...AND THEY DON'T KNOW EITHER.

IN ADDITION, 1 OF EVERY 4 AIDS VICTIMS HAS BEEN AN INTRAVENOUS DRUG ABUSER. AND ONE-THIRD OF THESE PEOPLE ARE ALSO HOMOSEXUAL AND BISEXUAL MEN.

IN OTHER WORDS, IN OVER 90 PERCENT OF THE AIDS CASES THUS FAR THE AIDS VIRUS HAS BEEN TRANSMITTED THROUGH SPECIFIC SEXUAL OR DRUG-TAKING ACTIVITIES THAT PEOPLE DO VOLUNTARILY.

IF WE COULD CHANGE THE BEHAVIOR OF JUST THESE TWO POPULATION GROUPS -- HOMOSEXUALS AND I.V. DRUG ABUSERS -- THEN THIS COUNTRY WOULD NOT HAVE THE AIDS EPIDEMIC IT NOW HAS.

BUT AIDS IS NOW IN THE HETEROSEXUAL COMMUNITY AS WELL. FOUR PERCENT OF PEOPLE WITH AIDS ARE NEITHER DRUG ABUSERS NOR HOMOSEXUALS OR BISEXUAL MALES. IN OTHER WORDS, THEY BECAME INFECTED ONLY THROUGH THEIR HETEROSEXUAL BEHAVIOR. BUT MORE OF THAT LATER.

AND IF YOU'RE A WOMAN THAT AGE...LIVING IN THOSE SAME LOW-  
INCIDENCE AREAS...YOUR CHANCES OF BEING AN AIDS CARRIER ARE 1 IN  
14,000.

BUT IF YOU DON'T ENGAGE IN HIGH-RISK SEXUAL BEHAVIOR AND YOU  
DON'T "SHOOT" DRUGS...REGARDLESS OF WHERE YOU LIVE AND REGARDLESS OF  
HOW OLD YOU ARE...YOUR CHANCES OF BEING AN AIDS CARRIER ARE...ZERO.

NOW, BEFORE YOU BREATHE A BIG SIGH OF RELIEF, LET ME TELL YOU A  
SECRET: THOSE ARE MARVELOUS ODDS...BUT WHETHER OR NOT THEY STAY THAT  
WAY DEPENDS ON YOU.

AND THAT'S MY GREATEST CONCERN, AS YOUR SURGEON GENERAL.

A NUMBER OF SURVEYS HAVE BEEN CONDUCTED RECENTLY AND THEY SHOW SHARP REDUCTIONS IN THE NUMBER OF HOMOSEXUAL AND BISEXUAL MEN WHO STILL ENGAGE IN HIGH-RISK SEX PRACTICES...IN SOME CASES IT'S GONE FROM A HIGH OF CLOSE TO 70 PERCENT TO A LOW, 18 MONTHS LATER, OF 41 PERCENT OF THE MEN SURVEYED.

SO I WOULD SAY, YES, EDUCATION DOES WORK.

BUT EDUCATION, PLUS COUNSELING AND TESTING, WORKS EVEN BETTER. FOR EXAMPLE, ONE RESEARCHER, PSYCHOLOGIST THOMAS COATES OF SAN FRANCISCO, FOUND THAT MEN WHO TESTED POSITIVE FOR THE AIDS VIRUS AND RECEIVED SOME COUNSELING WERE MUCH MORE LIKELY TO REDUCE THEIR HIGH-RISK SEX BEHAVIOR THAN MEN WHO WERE NOT TESTED AND COUNSELED.

OTHER RESEARCHERS ARE FINDING THE SAME THING.

THAT'S IMPORTANT INFORMATION, AND MANY STATES SEEM TO KNOW IT AND SEEM TO BE ACTING ON IT. A NUMBER OF STATES HAVE ESTABLISHED JUST SUCH A COMBINATION OF PUBLIC EDUCATION WITH A NETWORK OF COMMUNITY-BASED COUNSELING AND TESTING CENTERS. SOME HAVE DONE THIS ADMINISTRATIVELY, WHILE OTHERS HAVE MANDATED SUCH PROGRAMS BY LAW.

OUR HOST STATE OF INDIANA IS A GOOD CASE IN POINT. THE INDIANA STATE BOARD OF HEALTH HAS PROFESSIONAL PEOPLE WORKING FULL-TIME ON AIDS EDUCATION AND RISK REDUCTION PROGRAMS. THESE PROGRAMS HAVE BEEN DEVELOPED AND CARRIED OUT BY A NETWORK OF 14 "COMMUNITY ACTION GROUPS" ALL AROUND THE STATE.



TRAINED PERSONNEL ARE ALSO DOING PRE-TEST COUNSELING IN A VARIETY OF SETTINGS, SUCH AS DRUG ABUSE TREATMENT CENTERS AND CLINICS FOR SEXUALLY TRANSMITTED DISEASES. THEY'RE GIVING THE FACTS TO I.V. DRUG ABUSERS AND TO PROSTITUTES AND OTHERS WHO HAVE MULTIPLE SEX PARTNERS OR WHO ENGAGE IN A VARIETY OF HIGH-RISK SEX BEHAVIOR.

INDIANA HAS A MODEL PROGRAM. AND I'M DELIGHTED THAT PRESIDENT REAGAN INVITED THE INDIANA HEALTH COMMISSIONER, WOODROW A. MYERS, JR. -- "WOODY" TO EVERYONE WHO KNOWS HIM -- TO BE ONE OF THE 13 MEMBERS ON THE NEW AIDS COMMISSION. HE HAS A GREAT DEAL TO OFFER.

THE DISEASE OF AIDS HAS BEEN WITH US ONLY 6 YEARS, BUT IT'S TRUE IMPACT HAS BEEN UNDERSTOOD ONLY FOR THE PAST 2 OR 3 YEARS. NEVERTHELESS, THERE'S BEEN EXTRAORDINARY PROGRESS ACROSS THE COUNTRY, IN STATE AFTER STATE, IN REGARD TO THIS DISEASE.

AND MANY LEGISLATURES ARE LEADING THE WAY. I UNDERSTAND THAT, SO FAR THIS YEAR, SOMETHING LIKE 500 BILLS DEALING WITH ALL ASPECTS OF THE AIDS PROBLEM HAVE BEEN INTRODUCED IN STATE LEGISLATURES. THAT'S ABOUT TWICE THE NUMBER INTRODUCED IN ALL OF LAST YEAR.

SO THE INTEREST IN THIS MATTER IS CLEARLY VERY HIGH AND THE PUBLIC DIALOGUE HAS BEGUN IN EARNEST.

MORE MONEY IS BEING APPROPRIATED NOT ONLY FOR EDUCATION AND COUNSELING AND TESTING, BUT ALSO FOR SURVEILLANCE, RESEARCH, PATIENT CARE, AND ADMINISTRATION. AND YOU'RE PUTTING INTO PLACE NEW SYSTEMS OF MAINTAINING ACCURATE AND CONFIDENTIAL RECORDS OF PERSONS WHO ARE TESTED FOR AIDS.

AND RIGHT HERE WE HAVE SOME SERIOUS THINKING TO DO, IN REFERENCE TO TESTING AND CONFIDENTIALITY.

MOST OF YOU ARE PROBABLY FAMILIAR WITH PUBLIC HEALTH PROGRAMS TO CONTROL VENEREAL DISEASE, THE INFECTIOUS DISEASES OF CHILDHOOD, AND GENETIC SCREENING PROGRAMS, FOR EXAMPLE.

AND SO YOU KNOW THAT CONFIDENTIALITY DOES NOT PREVENT VITAL HEALTH INFORMATION FROM BEING GIVEN TO PERSONS WHO HAVE A NEED OR A RIGHT TO KNOW. AMONG SUCH PERSONS WOULD BE A SPOUSE, A CHILD, HOSPITAL PERSONNEL, CORRECTIONAL STAFF, OR AN ENTIRE SCHOOL SYSTEM.

WITH AIDS, THIS "NEED TO KNOW" CONCEPT IS EVEN MORE SIGNIFICANT, SINCE, UNLIKE MOST OTHER PUBLIC HEALTH PROBLEMS, AIDS IS STILL A MYSTERY -- WE HAVE NO CURE FOR IT -- AND IT IS VIRTUALLY 100 PERCENT FATAL.

IT SEEMS TO ME THAT THOSE ARE TWO VERY COMPELLING REASONS FOR STRENGTHENING CONFIDENTIALITY TO THE POINT THAT PEOPLE AT RISK WILL VOLUNTEER TO BE TESTED AND FOR INSURING THAT CERTAIN NARROWLY DEFINED PERSONS IN THE COMMUNITY -- WITH A CLEAR "NEED TO KNOW" FOR THEIR OWN PROTECTION -- ARE GIVEN THAT INFORMATION.

THIS IS NOT NEW PUBLIC HEALTH DOCTRINE BY ANY MEANS. WE'RE ALWAYS BALANCING ONE PERSON'S NEED FOR PRIVACY AGAINST ANOTHER'S -- OR THE COMMUNITY'S -- NEED FOR PROTECTION.

WE SHOULD ENCOURAGE PEOPLE, ESPECIALLY THOSE WHO PRACTICE HIGH-RISK BEHAVIOR, TO COME IN, TO GET TESTED, AND TO GET HELP FOR THE NEXT STEP IN THEIR LIVES.

WE DON'T WANT THEM TO AVOID THE TEST FOR FEAR THAT KNOWLEDGE OF THE FACT MAY JEOPARDIZE THEIR JOBS, THEIR HOUSING, OR THEIR FAMILY LIFE.

BUT THERE ARE OCCASIONS WHEN AIDS TESTING OUGHT TO BE DONE ROUTINELY AND THE INFORMATION ROUTINELY SHARED WITH THOSE WHO NEED TO KNOW.

FOR EXAMPLE, WE'RE ALL FAMILIAR WITH THE PROBLEM OF MALE RAPE IN PRISONS. CLEARLY THE AIDS VIRUS IN A PRISONER'S BLOODSTREAM CAN BE JUST AS DEADLY AS A PISTOL IN HIS BELT.

THEREFORE, I BELIEVE -- ALONG WITH PRESIDENT REAGAN -- THAT ALL FEDERAL PRISONERS OUGHT TO BE TESTED FOR AIDS, AND THE TEST RESULTS OUGHT TO BE GIVEN TO WIVES OR OTHERS WHO WILL BE WITH THAT PRISONER DURING CONJUGAL VISITS OR AFTER HE'S RELEASED BACK INTO THE COMMUNITY.

IF THAT'S GOOD LAW FOR FEDERAL PRISONS, THEN I THINK IT IS EQUALLY GOOD LAW FOR OTHER PRISONS AS WELL.

I AM NOT SO NAIVE, HOWEVER, AS TO THINK THAT A NEW LAW -- ALL BY ITSELF -- WILL CHANGE PEOPLE'S BEHAVIOR OR WILL CHANGE THE ENVIRONMENT FOR ENFORCEMENT.

FOR EXAMPLE, MANY PRISON AUTHORITIES HAVE TOLD US, YES, THEY WOULD LIKE TO KNOW WHICH PRISONERS ARE CARRYING THE VIRUS. BUT THEY'RE NOT SURE THEY CAN DO MUCH WITH THAT INFORMATION, SINCE THEIR FACILITIES ARE ALREADY CROWDED TO THE LEGAL MAXIMUM -- OR WORSE. THEY DON'T HAVE EXTRA SPACE OR STAFF TO DEAL WITH PRISONERS WITH AIDS.

AND SOME HAVE ALSO EXPRESSED THE FEAR OF ADDITIONAL VIOLENCE, IF THE CONFIDENTIALITY OF THE TEST RESULTS WERE SOMEHOW BREACHED.

SO I THINK THE MOVE TO TEST PRISONERS IS THE RIGHT MOVE...EVEN THOUGH IT COULD RAISE MORE NEW ISSUES FOR PRISON ADMINISTRATION.

THERE IS ANOTHER ISSUE, SORT OF RELATED TO THIS ONE, WHICH IS BEGINNING TO CAUSE US SERIOUS CONCERN, IT INVOLVES PATIENTS UNDERGOING SURGERY.

BEFORE I DONNED THE UNIFORM OF THE PUBLIC HEALTH SERVICE, I HAD SPENT NEARLY 40 YEARS IN PEDIATRIC SURGERY SO I AM QUITE FAMILIAR WITH THE HUNDREDS OF OPPORTUNITIES IN THE OPERATING ROOM FOR AN AIDS VIRUS TO BE TRANSMITTED. BUT I ALSO KNOW THAT THE MEMBERS OF A SURGICAL TEAM CAN TAKE RATHER SIMPLE AND ROUTINE PRECAUTIONS TO PROTECT THEMSELVES.



THIS IS ANOTHER MANAGEMENT PROBLEM, TO BE SURE, AND YOU DON'T WANT TOO MANY OF THOSE IN THE OPERATING ROOM. BUT IT CAN BE DONE AND IT OUGHT TO BE DONE.

INSTEAD, HOWEVER, WE'RE HEARING STORIES OF A DOCTOR HERE AND THERE REFUSING TO OPERATE ON PATIENTS KNOWN TO BE AIDS CARRIERS. AND SOME NURSES HAVE REPORTEDLY LEFT THEIR ASSIGNMENTS IN THE O.R. AS WELL.

NEEDLESS TO SAY, THAT KIND OF THING COULD DEVELOP INTO A SERIOUS PUBLIC HEALTH PROBLEM.

FOR THAT REASON, THE SECRETARY OF HEALTH AND HUMAN SERVICES, DR. OTIS BOWEN, AND I AGREE THAT AIDS TESTING OUGHT TO BE CONSIDERED FOR NON-EMERGENCY SURGICAL PATIENTS WHEN IT IS DEEMED TO BE NECESSARY BY THE PHYSICIAN.

WE DON'T KNOW AS MUCH ABOUT AIDS AS WE'D LIKE TO. BUT WE DO KNOW THAT IT KILLS PEOPLE.

I THINK THOSE ARE THE TWO BIG REASONS WHY AT LEAST 9 STATES NOW REQUIRE THAT POSITIVE TEST RESULTS BE REPORTED. AND MOST STATES WANT TO KNOW THE NAMES OR OTHER IDENTIFIERS OF THE PERSONS WHO TEST SEROPOSITIVE.

I BELIEVE COLORADO -- WHICH HAS ABOUT 400 CASES OF AIDS ALL TOGETHER -- WAS THE FIRST STATE TO REQUIRE THE REPORTING -- BY NAME -- OF PEOPLE WHO TEST POSITIVE FOR AIDS. AND THE CITIZENS OF COLORADO KNOW THIS.

YET, COLORADO CONTINUES TO HAVE A VERY HIGH NUMBER OF PEOPLE WHO VOLUNTARILY COME IN TO BE TESTED. RECORDS ARE CONFIDENTIAL AND NO ONE HAS BEEN ADVERSELY AFFECTED BY THE TEST SO FAR. THAT, TO ME, IS THE KEY REASON THAT COLORADO HAS BEEN SUCCESSFUL.

IN MINNESOTA THE NAMES OF PERSONS WITH AIDS ARE NOW BEING REPORTED TO THE DEPARTMENT OF HEALTH. IN TURN, THE DEPARTMENT IS OFFERING "PARTNER NOTIFICATION" SERVICES, ON REQUEST, TO ANYONE WITH AIDS WHO WANTS TO BE FAIR TO HIS OR HER SEX PARTNER, BUT CAN'T DO IT ALONE AND NEEDS A THIRD PARTY TO BREAK THE NEWS.

THE STATE OF MINNESOTA RECOGNIZES THE COMPELLING PUBLIC INTEREST FOR IT TO STEP FORWARD AND PROVIDE THAT VERY DIFFICULT PERSONAL SERVICE.

IN 7 STATES, POLICE, FIRE, AND RESCUE WORKERS MUST BE TOLD IF THEY'VE BEEN EXPOSED TO A PERSON WITH AN INFECTIOUS DISEASE ...AIDS IN PARTICULAR, AND I THINK THAT'S A GOOD IDEA, TOO.

WE'RE JUST BEGINNING TO FACE THESE KINDS OF PROBLEMS. BUT I BELIEVE WE'RE NOW IN BETTER SHAPE TO COME UP WITH WORKABLE, FAIR SOLUTIONS THAN WE WERE A COUPLE OF YEARS AGO.

AT THAT TIME, WE HAD AN UNCLEAR PICTURE OF THIS DISEASE...WE STILL DID NOT KNOW HOW MUCH OF A THREAT IT REALLY WAS. OUR EPIDEMIOLOGICAL RECORD WAS STILL BEING BUILT, AND THE BEST WE COULD DO WAS TO MAKE SOME EDUCATED GUESSES ABOUT THE NATURE AND PROGRESS OF THE DISEASE. WHERE WAS IT GOING? WHAT WAS IT DOING?

BUT TODAY WE HAVE A GOOD STATISTICAL BASIS FOR ESTIMATING THE FUTURE COURSE OF THIS DISEASE, EXCEPT IN ONE AREA.

WE ARE STILL NOT SURE HOW TO PREDICT THE SPREAD OF AIDS IN HETEROSEXUALS. AS I MENTIONED EARLIER, SOME 4 PERCENT OF PEOPLE WITH AIDS BECAME INFECTED THROUGH HETEROSEXUAL RELATIONS. WE DON'T YET KNOW HOW SIGNIFICANT THIS IS...IF, FOR EXAMPLE, THIS WILL REMAIN A MINOR PHENOMENON OR IF WE ARE ACTUALLY ON THE THRESHOLD OF A RAPIDLY EXPANDING EPIDEMIC AMONG HETEROSEXUALS, AS WE'VE ALREADY EXPERIENCED AMONG HOMOSEXUALS.

CLEARLY, STATISTICS -- WHILE VALUABLE -- DON'T GIVE US THE WHOLE STORY.

I MENTIONED BEFORE THE FACT THAT AIDS ATTACKS PRIMARILY HOMOSEXUAL AND BISEXUAL MALES AND INTRAVENOUS DRUG ABUSERS. THOSE ARE POPULATION CATEGORIES BY HIGH-RISK ACTIVITY.

BUT REPORTS FROM STATE AGENCIES STIMULATED US TO BREAK OUT THE AIDS FIGURES IN ANOTHER WAY; THAT IS, BY RACE AND BY ETHNIC BACKGROUND. AND WHEN WE DID THAT, WE COULD CLEARLY SEE THAT A POPULATION GROUP VERY HARD HIT BY THIS DISEASE IS MADE UP OF YOUNG BLACKS AND HISPANICS.

AT THE PRESENT TIME, 46 PERCENT -- NEARLY HALF -- OF ALL AIDS VICTIMS UP TO THE AGE OF 29 ARE BLACK OR HISPANIC.

BUT IN THE U.S. POPULATION AT LARGE, ONLY 23 PERCENT OF ALL PERSONS UP TO THE AGE OF 29 ARE BLACKS AND HISPANICS. IN OTHER WORDS, THESE YOUNG PEOPLE ARE APPEARING AS AIDS VICTIMS TWICE AS FREQUENTLY AS THEY APPEAR IN THE POPULATION IN GENERAL.

I CONSIDER THAT TO BE A VERY, VERY IMPORTANT PIECE OF INFORMATION. IT MEANS THAT THE MINORITY COMMUNITY IN AMERICA HAS TO CONFRONT AND CONTAIN A LIFE-THREATENING DISEASE THAT'S HITTING THEM WITH TWICE THE EFFECT THAT IT'S HAVING ANYWHERE ELSE.

AND THAT'S PROBABLY AN UNDERSTATEMENT, BECAUSE -- AND I'M NOT VERY PROUD OF THIS -- BECAUSE WE KNOW FROM VIRTUALLY EVERY OTHER HEALTH INDICATOR WE HAVE THAT MINORITY AMERICANS ARE NOT MAKING AS MUCH PROGRESS IN HEALTH STATUS AS THE REST OF THE COUNTRY DOES.

I BEGAN MY REMARKS TODAY WITH A LIST OF THE INDICATORS WE HAVE THAT SHOWS AMERICA'S PHYSICAL AND MENTAL HEALTH AS BEING REALLY QUITE GOOD...IN GENERAL.

BUT IN EVERY ONE OF THOSE CATEGORIES I MENTIONED -- INFANT MORTALITY, HEART DISEASE, STROKE, CANCER, AND SO ON -- OUR FELLOW CITIZENS WHO ARE BLACK, HISPANIC, OR NATIVE AMERICAN TEND TO FARE LESS WELL THAN THE REST OF AMERICA.

THERE ARE REASONS FOR THIS, BUT, AS A SOCIETY, WE HAVE NOT YET FOCUSED ON THIS PROBLEM INTENSELY ENOUGH TO FIGURE OUT WHAT THEY ARE.

YES, THERE ARE REASONS. BUT THERE ARE NO GOOD REASONS...WHAT-  
EVER THEY ARE.



AND TODAY, WITH THE SPECTRE OF AIDS CASTING SUCH A LARGE SHADOW OVER THE HOMES OF AMERICANS WHO ARE BLACK OR HISPANIC, WE MUST COME FACE-TO-FACE WITH THIS SERIOUS DEFICIENCY IN THE AMERICAN SYSTEM OF FAIR AND COMPASSIONATE HEALTH CARE FOR ALL.

EARLY NEXT MONTH, THE PUBLIC HEALTH SERVICE WILL HAVE A TWO-DAY MEETING IN ATLANTA...SOME 600 PEOPLE WILL BE THERE FROM NATIONAL, STATE, AND COMMUNITYWIDE ORGANIZATIONS REPRESENTING BLACK AND HISPANIC AMERICANS.

WE'RE GOING TO CONFRONT THIS AIDS INVASION OF THEIR COMMUNITIES AND SEE WHAT WE CAN DO -- TOGETHER -- TO BRING IT TO A HALT.

BUT IN SEPTEMBER, WE WILL CONVENE ANOTHER MEETING, WHICH HAS BEEN IN THE PLANNING STAGES FOR A LONG TIME. THAT WILL BE A NATIONAL CONFERENCE FOR STATE AND LOCAL PERSONNEL. THE OBJECTIVE OF THAT CONFERENCE IS TO COME UP WITH A STRATEGY FOR DEALING WITH MINORITY HEALTH CONCERNS THAT'S BETTER THAN THE NON-STRATEGY WE'VE GOT NOW.

AND I'M TRUISING THAT THAT CONFERENCE WILL SOMEHOW MARK A NEW BEGINNING FOR ALL OF US -- BLACK AND WHITE, HISPANIC, ASIAN AND ANGLO -- AS WE BEGIN TO FOCUS WITH MORE CLARITY AND MORE COMMITMENT UPON THE HEALTH NEEDS OF OUR MINORITY CITIZENS.

AIDS IS A TERRIBLE DISEASE. BUT IT HAS DONE ONE THING OF SOME VALUE. IT HAS SHAKEN US OUT OF OUR COMPLACENCY ABOUT THE DELIVERY OF HEALTH CARE IN AMERICA.

AIDS ATTACKS PEOPLE WHO HAVE BEEN ON THE PERIPHERY OF HEALTH CARE. WE'VE PROVIDED THEM WITH SPECIAL CLINICS AND SPECIAL PROGRAMS OF ONE KIND OR ANOTHER. BUT THEY REMAIN OUTSIDE THE MAINSTREAM OF AMERICAN HEALTH CARE.

AND NOW, WHEN WE DESPARATELY NEED TO REACH THEM AND HELP THEM... WE DISCOVER THAT WE DON'T REALLY KNOW HOW TO DO IT.

AND THAT'S A TERRIBLE FIX FOR THIS COUNTRY TO BE IN.

I KNOW THAT YOU SHARE WITH ME THE PAIN OF KNOWING THAT MANY OF OUR CITIZENS NEED OUR HELP.

BUT I ALSO KNOW THAT YOU SHARE WITH ME THE COMMITMENT TO NEVER  
GIVE UP...NEVER GIVE IN...AND NEVER GIVE WAY TO FEAR OR PREJUDICE.

LIVES ARE AT STAKE. AND I MAINTAIN THAT LIVING IS WHAT GOVERN-  
MENT IS ALL ABOUT.

THANK YOU.

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