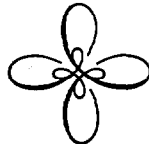


ORIGINAL

AIDS AND THE SOCIAL ORDER

*33 / "Forum"

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

I APPRECIATE THIS OPPORTUNITY TO ADDRESS THIS DISTINGUISHED GROUP OF ECONOMISTS, INVESTORS, AND OTHERS WITH SPECIAL CONCERNS FOR THE WORLD AND ITS BUSINESS.

I ALSO WANT TO THANK OUR HOSTS, THE WASHINGTON FORUM, NOT ONLY FOR INCLUDING THE TOPIC OF AIDS ON THIS YEAR'S AGENDA, BUT ALSO FOR ASKING THAT I SHARE WITH YOU MY PERCEPTION OF WHAT THE SOCIAL, ECONOMIC, AND CULTURAL EFFECTS MIGHT BE OF THE EPIDEMIC OF AIDS.

I WANT TO SPEND A FEW MOMENTS REVIEWING FOR YOU -- ALBEIT IN A BRIEF MANNER -- SOME OF THE DIFFICULT CHOICES THAT MAY LIE AHEAD FOR THE LEADERS OF NATIONS AROUND THE WORLD.

FIRST, LET ME EXPLAIN THAT, HERE IN THE U.S., THERE ARE THREE ASPECTS OF AIDS THAT COLOR EVERYTHING DONE AND SAID ABOUT THE DISEASE:

FIRST, IT IS STILL A MYSTERY...

TWO, IT IS FATAL...

AND THREE, PEOPLE GET AIDS BY DOING THINGS THAT MOST PEOPLE DON'T DO AND DON'T LIKE.

WE NEED TO KEEP THESE THREE ASPECTS OF THE DISEASE IN MIND, BECAUSE THEY TEND TO FOCUS OUR ATTENTION ON THE MORE VOLATILE ISSUES OF LAW, ETHICS, ECONOMICS, MORALITY, AND SOCIAL COHESION THAT SURROUND AIDS. AS A RESULT THEY OBSCURE THE MANY SCIENTIFIC ISSUES SURROUNDING AIDS.

HERE IN THE UNITED STATES, AN EXTRAORDINARY PERCENTAGE OF THE AMERICAN PEOPLE KNOW THERE IS SUCH A THING AS AIDS...98 TO 99 PERCENT, SOME POLLS SHOW.

BUT AS MUCH AS A THIRD OF THE PUBLIC ARE STILL UNCLEAR ABOUT THE WAY THE DISEASE IS TRANSMITTED. THEY CORRECTLY RECOGNIZE HOMOSEXUAL SEX PRACTICES AND SHARED NEEDLES, BUT THEY INCORRECTLY ADD TOILET SEATS, SNEEZING AND COUGHING, FOOD HANDLING, AND KISSING TO THE LIST AS WELL.

OBVIOUSLY, FEAR HAS SKEWED THE TRUTH IN THE MINDS OF THESE PEOPLE...ESTIMATED TO BE ONE-THIRD OF THE U.S. POPULATION.

THE IRRATIONAL SIDE OF AIDS IS ALSO EVIDENT IN THE WAY THE EPIDEMIC HAS AFFECTED THE WORLDWIDE SYSTEM OF MEDICAL INTELLIGENCE ITSELF.

THE PRESENCE OF AIDS IS A PROFOUND EMBARRASSMENT -- TO SAY THE LEAST -- FOR MANY NATIONS OF THE WORLD.

WORSE, ITS PRESENCE IS SEEN AS AN AFFRONT TO THE MORAL STANDARDS OF MANY OTHER SOCIETIES. AND I SUSPECT THAT, FOR THESE REASONS, SOME HAVE CHOSEN TO MAKE THE DISEASE DISAPPEAR BY SIMPLY NOT REPORTING ITS PRESENCE.

THAT, OF COURSE, WAS THE FATE OF SMALL-POX DATA DID AND, MORE RECENTLY, OF MALARIA AND TUBERCULOSIS DATA, TOO.

AS OF AUGUST, THE WORLD HEALTH ORGANIZATION REPORTED THE TOTAL AIDS CASE-LOAD IN COUNTRIES OTHER THAN THE UNITED STATES TO BE 14,600, A FIGURE THAT SEEMS TO BE WELL BELOW WHAT WE MIGHT HAVE EXPECTED.

AND INDEED, SOME COUNTRIES HAVE REPORTED 1 CASE OR NO CASES AT ALL, WHILE OTHER COUNTRIES -- SOME SHARING COMMON BORDERS -- REPORT SEVERAL HUNDRED...OR A THOUSAND OR MORE.

I UNDERSTAND WHY THE POLITICAL AND PUBLIC HEALTH LEADERS IN SOME COUNTRIES DO NOT WANT TO COLLECT AND PUBLISH SUCH DATA. BUT I URGE THEM TO RELENT, SINCE WE CANNOT TRULY UNDERSTAND A DISEASE -- MUCH LESS STOP IT -- IF WE DON'T KNOW WHERE IT IS AND HOW IT IS ACTING.

NATURALLY, YOU CAN'T QUANTIFY THESE THINGS, BUT I AM NEVERTHELESS PERSUADED THAT THE UNDER-REPORTING OF THE PREVALENCE OF AIDS IS A FACTOR HOLDING BACK OUR PROGRESS IN THE FIGHT AGAINST THIS DISEASE.

THE DISEASE IS NOT SLOWING DOWN. ALL TOTALS ARE GETTING LARGER. AND THEREFORE IT IS CRITICAL THAT EVERY NATION REPORT AS FULLY AND AS ACCURATELY AS POSSIBLE THE EXTENT TO WHICH THE DISEASE IS PRESENT WITHIN ITS BORDERS -- DESPITE THE DISCOMFORT THIS MAY CAUSE FOR THE CITIZENS AND THE POLITICAL AND PUBLIC HEALTH LEADERS OF EACH NATION.

THE DISEASE OF AIDS IS ALSO TESTING THE DEGREE TO WHICH HEALTH WORKERS -- PHYSICIANS, NURSES, TECHNICIANS, AND OTHERS -- UNDERSTAND AND ARE TRULY DEDICATED TO THE ETHICAL FOUNDATION OF HEALTH CARE ITSELF.

WE ARE HEARING EVERY DAY SOME STORY OR OTHER INVOLVING A HEALTH PROFESSIONAL -- OR A GROUP OF PROFESSIONALS -- WHO REFUSE TO TREAT PERSONS WITH AIDS...OR EVEN TO TREAT PERSONS WHOM THEY SUSPECT OF HAVING AIDS.

I DO NOT FOR A MOMENT BELIEVE THAT THIS IS THE CHARACTERISTIC BEHAVIOR OF HEALTH PROFESSIONALS. THE OVERWHELMING MAJORITY OF MY COLLEAGUES HAVE PROVIDED -- AND WILL CERTAINLY CONTINUE TO PROVIDE -- QUALITY, COMPASSIONATE CARE TO PERSONS DYING OF AIDS WHEREVER THEY ARE.

BUT THE GOOD CONDUCT OF THE MAJORITY SHOULD NOT IN ANY WAY SHIELD THE POOR CONDUCT OF A FEARFUL AND IRRATIONAL MINORITY.

THE BURDEN OF GUILT SHOULD NOT BE BORNE ONLY BY THE HEALTH PROFESSIONS, HOWEVER. I KNOW OF INSTANCES IN WHICH PROSPECTIVE PATIENTS -- ESPECIALLY THOSE WITH FINANCIAL MEANS -- WILL AVOID ADMISSION TO A CERTAIN HOSPITAL BECAUSE IT IS KNOWN TO HAVE ACCEPTED A LARGE NUMBER OF PERSONS WITH AIDS.

THOSE SAME HOSPITALS ARE ALSO SHOWING DECLINES IN THE NUMBERS OF YOUNG PEOPLE SEEKING RESIDENCIES AND INTERNSHIPS THERE.

BOTH DEVELOPMENTS ARE VERY BAD SIGNS FOR THE FUTURE OF THOSE HOSPITALS.

THE DISEASE OF AIDS IS NOT INTRINSIC TO HOMOSEXUALITY, AS IT NOT INTRINSIC TO HETEROSEXUALITY. YET, THAT DISTINCTION IS LOST ON SOME PEOPLE, WITH THE RESULT THAT WE ARE SEEING -- IN OUR COUNTRY AND ELSEWHERE IN THE WORLD -- A RISE IN HOMOPHOBIA: THAT IS, THE HATRED OF -- AND VIOLENCE AGAINST -- HOMOSEXUALS AND BISEXUAL MEN.

HEALTH PROFESSIONALS MUST NOT IN ANY WAY CONTRIBUTE TO SUCH BEHAVIOR. AND DENYING HEALTH SERVICES TO HOMOSEXUALS OR BISEXUAL MEN -- WHETHER THEY HAVE AIDS OR NOT -- IS ALSO IRRATIONAL AND CANNOT BE EXCUSED OR CONDONED.

AS A PHYSICIAN, I AM PROUD TO BE PART OF A TRADITION OF CARE THAT GOES BACK MORE THAN TWO MILLENIA...A TRADITION THAT WILL NOT ABANDON THE SICK AND THE DISABLED...WHOEVER THEY ARE.

HENCE, I REGARD AS EXTREMELY SERIOUS THE REPORTS OF A FEW PHYSICIANS AND OTHERS WHO ARE WITHHOLDING CARE FROM PERSONS WITH AIDS OR PERSONS OF A PARTICULAR GROUP WHO NEVERTHELESS DO NOT HAVE AIDS. THAT KIND OF CONDUCT THREATENS THE ETHICAL FOUNDATION OF HEALTH CARE EVERYWHERE IN THE WORLD.

YET, WE MUST LOOK AT THIS PROBLEM OF RISK TO THE HEALTH PROFESSIONAL. NOW IT IS VERY SMALL. WILL IT ALWAYS BE THAT WAY? WE DON'T KNOW.

I BELIEVE WE MUST ALL CONFRONT THIS ISSUE AND COME FORWARD WITH SOME ANSWERS. HOW WE DECIDE THIS ISSUE FOR HEALTH PROFESSIONALS WILL HAVE MAJOR IMPLICATIONS FOR HOW WE DECIDE IT FOR RAILROAD ENGINEERS, AIRPLANE PILOTS, AIR TRAFFIC CONTROLLERS, AND SO ON.

ANOTHER ISSUE CONCERNS THE COST OF CARE FOR AIDS PATIENTS: WHAT MIGHT THOSE COSTS BE? WHO SHOULD PAY THEM? GOVERNMENT? INSURANCE COMPANIES? INDIVIDUAL PATIENTS AND THEIR FAMILIES? WHO?

AS YOU KNOW, THE UNITED STATES ENJOYS A MIXED SYSTEM OF SUPPORT FOR HEALTH CARE: PRIVATE METHODS OF PAYMENT EXIST SIDE-BY-SIDE WITH PUBLICLY SUPPORTED SYSTEMS OF REIMBURSEMENT FOR CARE.

AT THIS POINT THE TOTAL ANNUAL EXPENDITURE FOR THE MEDICAL CARE OF AIDS PATIENTS IS ABOUT \$1.6 BILLION. HOWEVER, OF THAT TOTAL, THE AMERICAN TAXPAYER CONTRIBUTES ABOUT 1 DOLLAR OF EVERY 4, OR SOMETHING ON THE ORDER OF \$400 MILLION THIS YEAR.

OF COURSE, THE AMERICAN TAXPAYER SUPPORTS A GREAT RANGE OF PUBLIC HEALTH PROGRAMS. MOST OF THEM EITHER HELP PROMOTE OR MAINTAIN AN INDIVIDUAL'S GOOD HEALTH, OR THEY HELP RETURN THE INDIVIDUAL TO A STATE OF GOOD HEALTH.

BUT AIDS IS DIFFERENT.

IT'S VERY EXPENSIVE...WELL OVER \$600 A DAY ON THE AVERAGE FOR IN-PATIENT CARE. BUT THEN, AFTER CONSUMING TENS OF THOUSANDS OF DOLLARS WORTH OF MEDICAL CARE AND SOCIAL SERVICES...THE AIDS PATIENT DIES.

WE ANTICIPATE THAT, OVER THE NEXT FOUR YEARS, THE ANNUAL AIDS CASE-LOAD WILL MORE THAN DOUBLE AND THE ANNUAL COST OF CARE WILL MORE THAN TRIPLE.

WILL THE AMERICAN PEOPLE CONTINUE TO SUPPORT HIGH-COST PATIENT CARE FOR PEOPLE WITH AIDS? OR WILL THEY ASK FOR RELIEF? AND IF THEY DO, WHAT WILL THAT DO TO THE ACCESSIBILITY OF MEDICAL CARE...OR THE QUALITY OF MEDICAL CARE...FOR AIDS PATIENTS IN OUR COUNTRY?

I'D LIKE TO THINK THAT THE AMERICAN TAXPAYER WILL DO THE RIGHT THING AND CONTINUE TO SUPPORT QUALITY, ACCESSIBLE CARE FOR ALL AIDS PATIENTS. BUT I DON'T KNOW.

AND WHAT ABOUT MEDICAL CARE IN COUNTRIES NOT AS FORTUNATE AS OURS? HOW WILL THEY RESPOND TO THE PRESSURE FOR MORE AND MORE RESOURCES FOR THE MEDICAL CARE OF TERMINALLY ILL AIDS PATIENTS.

I CAN'T ANSWER THAT AT ALL. AND I WONDER WHO AT THIS MEETING CAN?

THEN THERE IS THE ISSUE OF INDIVIDUAL PRIVACY VERSUS THE NEED TO PROTECT THE COMMUNITY FROM DANGER. THIS ISSUE WAS TRIGGERED IN 1985 BY THE AVAILABILITY OF A RELIABLE BLOOD TEST FOR AIDS AND THE CONSEQUENT NEED TO DECIDE ON THE CONFIDENTIALITY OF THE BLOOD TEST RESULTS.

I DON'T BELIEVE EITHER SIDE OF THIS QUESTION REQUIRES AN ABSOLUTE RESPONSE. BUT HOW MUCH LEEWAY DO WE REALLY HAVE?

THIS ISSUE, I'M AFRAID, IS TIED DIRECTLY TO THE WAY EACH SOCIETY DEFINES ITS COMMITMENT TO INDIVIDUAL LIBERTY. THE MORE FREE THE SOCIETY, THE MORE CONCERN THERE IS FOR THE INDIVIDUAL'S RIGHT TO PRIVACY. THE LESS FREE, THE LESS CONCERN FOR THIS RIGHT.

CONVERSELY, IN THOSE SOCIETIES JUST EMERGING FROM COLONIALISM AND TRYING TO FOLLOW THEIR OWN PATHWAYS TO A FREE AND DEMOCRATIC FUTURE, THE PROTECTIVE DECISION BY A FEARFUL SOCIETY TO PROTECT ITSELF FROM THE INFECTED INDIVIDUALS IN ITS MIDST, MAY, BY ITSELF, DO MORE TO DEFINE THE NATURE OF THAT SOCIETY THAN ANY OTHER EFFORT OR ACTIVITY.

HOW TRAGIC IT WOULD BE, IF MANY OF THE EMERGING NATIONS OF AFRICA AND ASIA DECIDE TO LIMIT THE RIGHTS OF INFECTED INDIVIDUALS, IN ORDER TO GIVE SOCIETY AT LARGE A GREATER SENSE OF SECURITY.

FINALLY, AND PROBABLY MOST IMPORTANT OF ALL FOR THE PEOPLE OF THE UNITED STATES IS THAT WE SEE MORE EVIDENCE EVERY DAY THAT THIS DISEASE IS BECOMING THE PARTICULAR SCOURGE OF PEOPLE WHO ARE YOUNG, BLACK, AND HISPANIC.

HOW TRAGIC FOR THEM.

AND HOW TRAGIC FOR ALL OF US.

WE MUST KEEP IN MIND THAT, THROUGHOUT VIRTUALLY EVERY EPIDEMIC OR PLAGUE HUMAN HISTORY, IN HUMAN HISTORY, SOCIETY HAS FOUND A CONVENIENT SCAPEGOAT. THE SCAPEGOAT IS USUALLY POOR, A MINORITY OF SOME KIND -- RACIAL, RELIGIOUS, OR ETHNIC -- AND TOO WEAK TO FIGHT BACK.

DURING THOSE PERIODS OF THE GREAT EPIDEMICS, THE MAJORITY GAINED A FEELING OF SECURITY AND SATISFACTION, IF IT COULD SOMEHOW PUNISH A WEAKER AND VERY VISIBLE MINORITY BY OSTRACISM, QUARANTINE, OR THE DENIAL OF BASIC HUMAN RIGHTS.

THE MARK OF MATURITY OF A PEOPLE, OF COURSE, IS THE DEGREE TO WHICH THEY REJECT THIS KIND OF BEHAVIOR. AND I AM PROUD OF THE WAY THE UNITED STATES HAS TACKLED THE ISSUE OF FAIRNESS TO ITS MINORITIES.

WILL THE DISEASE OF AIDS -- ALL BY ITSELF -- REVERSE THIS TREND IN RECENT HUMAN HISTORY? WE HOPE AND PRAY THAT IT WILL NOT.

BUT HOPES AND PRAYERS MAY NOT BE ENOUGH. WE WILL NEED COURAGEOUS LEADERSHIP AT ALL LEVELS OF GOVERNMENT AND THROUGHOUT ALL SOCIAL AND POLITICAL INSTITUTIONS TO REINFORCE THOSE HOPES AND PRAYERS.

YES, IT IS TRUE THAT THE GREAT MAJORITY OF AIDS PATIENTS SO FAR HAVE BEEN HOMOSEXUALS, DRUG ADDICTS, BLACKS, AND HISPANICS. ABOUT 42,000 OF THEM.

AND IN SOME OTHER COUNTRIES THE PEOPLE WITH AIDS HAVE BEEN DRAWN FROM THESE AND OTHER MINORITY GROUPS.

SO WE MUST ASK IF WE ARE TRULY MATURE ENOUGH TO BE COLOR-BLIND IN THIS WAR AGAINST AIDS? AND CAN WE OVERLOOK THE SOCIAL STATUS OF THE INDIVIDUAL WITH AIDS?

ARE WE SECURE ENOUGH TO EXTEND OUR VERY BEST MEDICAL CARE EVEN TO THE VERY LEAST OF OUR CITIZENS?

THESE AND OTHER QUESTIONS LIE ON THE HORIZON BEFORE US. BUT THE HORIZON IS NOT THAT FAR AWAY.

I HOPE WE WILL NOT STUMBLE TOWARD IT AND ARRIVE UNPREPARED FOR THE CHALLENGES THAT LIE BEYOND.

I HOPE THAT, INSTEAD, WE WILL MOVE FORWARD WITH GOOD SENSE AND GOOD SCIENCE AND, TOGETHER, GIVE THE WORLD SOMETHING EVERY BIT AS PRECIOUS AS THE MUCH-DESIRED AIDS VACCINE: WE WILL SHOW THE WORLD HOW COMPASSION AND JUSTICE CAN TRIUMPH OVER DISEASE.

ONCE AGAIN...THANK YOU.

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