

ORIGINAL

FAH

CURRENT ISSUES IN AIDS

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FEDERATION OF AMERICAN HEALTH SYSTEMS

NEW ORLEANS, LOUISIANA

MARCH 17, 1988

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

I'M DELIGHTED TO JOIN YOU THIS AFTERNOON AND BE COUNTED AMONG THE SEVERAL SPEAKERS YOU'RE HEARING TODAY. YOU'RE RECEIVING A GREAT DEAL OF INFORMATION, I KNOW. BUT YOU NEED IT TO CARRY OUT YOUR DUAL ROLES AS MEMBERS OF THE WORLD'S BEST SYSTEM OF HEALTH CARE ... AND AS CITIZENS OF THE WORLD'S GREATEST DEMOCRACY.

AND IT IS WITH BOTH THOSE ROLES IN MIND THAT I WOULD SPEAK WITH YOU THIS AFTERNOON.

I WANT TO SPEND A FEW MOMENTS AND EXPLORE WITH YOU A COUPLE OF QUESTIONS THAT I KNOW TROUBLE A GREAT MANY OF OUR COLLEAGUES IN HEALTH CARE AND WHICH TROUBLE A GREAT MANY OF OUR FELLOW AMERICANS AS WELL.

THE QUESTIONS HAVE TO DO WITH THE AIDS EPIDEMIC ... WHOM IT IS AFFECTING AND HOW WE ARE RESPONDING. AND WHAT IS THE PROGNOSIS FOR THOSE AT RISK ... AND FOR SOCIETY ITSELF.

I'M NOT GOING TO DWELL ON THE PARTICULARS OF THE DISEASE. THE DAILY PRESS -- AND OUR PROFESSIONAL JOURNALS -- DO A VERY GOOD JOB OF THAT.

INSTEAD, I WOULD LIKE TO SHARE WITH YOU MY PERCEPTION OF WHAT EFFECT THE EPIDEMIC OF AIDS IS HAVING UPON THE WAY AMERICANS THINK ABOUT DISEASE ... ABOUT EACH OTHER ... AND ABOUT RESPONSIBILITY: PROFESSIONAL, SOCIAL, AND PERSONAL RESPONSIBILITY.

MAKE NO MISTAKE ABOUT IT. AIDS IS NOT JUST A DISEASE AFFECTING THE BODIES AND MINDS OF A FEW THOUSAND PEOPLE.

THIS DISEASE ALSO THREATENS OUR COUNTRY'S SOCIAL COHESION AND NATIONAL PURPOSE.

WHY IS THIS SO? WHAT MAKES AIDS SO THREATENING?

AS A BEGINNING, WE NEED TO ISOLATE THOSE THREE ASPECTS OF THE AIDS EPIDEMIC THAT COLOR EVERYTHING DONE AND SAID ABOUT IT.

FIRST, AIDS IS STILL A MYSTERY. WE KNOW SOME THINGS ABOUT IT. BUT UNFORTUNATELY WE DON'T YET KNOW ENOUGH TO PRODUCE A VACCINE TO PREVENT ITS SPREAD OR A DRUG TO STOP IT IN ITS TRACKS.

I SHOULD ADD THAT THE WORLD'S MOST TALENTED VIROLOGISTS AND IMMUNOLOGISTS HAVE BEEN WORKING ON THIS DISEASE FOR ONLY A HALF-DOZEN YEARS AND THEY'VE MANAGED IN THAT SHORT A TIME TO PRODUCE AN IMPRESSIVE BODY OF KNOWLEDGE.

BUT THE AVERAGE PERSON WANTS A CLEAR-CUT "YES" OR "NO" TO THE MOST PRESSING PERSONAL QUESTIONS. SCIENTISTS SHY AWAY FROM CLEAR-CUT ANSWERS. WE ALL KNOW THAT. BUT IN THE CASE OF AIDS, WE SHY AWAY ... BECAUSE THERE SIMPLY AREN'T ANY.

AND, REMEMBER, WE'RE TRYING TO EXPLAIN THIS TO A GENERATION OF AMERICANS WHO HAVE BEEN USED TO READING ABOUT THE CONQUESTS OF SCIENCE -- NOT ITS DEFEATS.

DESPITE ALL THE THINGS WE KNOW ABOUT THIS VIRUS, AIDS IS STILL A MYSTERY. IT MAY TAKE A FEW MORE YEARS -- AT THE LEAST -- BEFORE WE UNRAVEL ALL ITS RIDDLES. BUT WE WILL.

I HAVE ABSOLUTELY FAITH IN THE PERSISTENT GENIUS OF OUR BIOMEDICAL RESEARCH COMMUNITY.

OUR SCIENTISTS ARE CONQUERING BALDNESS ... OBVIOUSLY THEY'LL CONQUER AIDS.

IT'S NOT "WHETHER" -- IT'S "WHEN." WE DON'T KNOW WHEN. AND THAT'S WHAT IS SO UNNERVING FOR THE AMERICAN PEOPLE.

AIDS IS A MYSTERY. BUT AIDS IS ALSO FATAL. IN FACT, AIDS SEEMS TO HAVE ONE OF THE HIGHEST FATALITY RATES OF ANY INFECTIOUS DISEASE WE'VE EVER COME ACROSS.

WHEN YOU LOOK AT ALL THE REPORTED CASES OF AIDS SINCE 1981,
AND THE REPORTED DEATHS AS WELL, THE MORTALITY RATE IS ABOUT 56
PERCENT ... WHICH IS BAD ENOUGH.

BUT WHEN YOU LOOK BACK TO THOSE PERSONS WHO HAD AIDS IN
1981, YOU DISCOVER THAT 93 PERCENT OF THEM HAVE SINCE DIED OF THE
DISEASE.

AND IN MY BOOK, A MORTALITY RATE OF 93 PERCENT IS AS BAD AS
A RATE OF 100 PERCENT.

SO, THE DISEASE IS A MYSTERY ... IT'S FATAL ... AND, THREE,
THE AIDS VIRUS IS TRANSMITTED BY THE KIND OF BEHAVIOR THAT MOST
PEOPLE DON'T ENGAGE IN -- OR APPROVE OF.

AS I'M SURE YOU KNOW BY NOW, THE HIGHEST CONCENTRATIONS OF
THE AIDS VIRUS ARE FOUND IN BLOOD AND SEMEN. HENCE, THE SPECIFIC
PERSONAL BEHAVIORS THAT PRODUCE THE HIGHEST RISK OF TRANSMISSION
ARE UNPROTECTED ANAL INTERCOURSE -- PARTICULARLY AS PRACTICED BY
HOMOSEXUALS AND BISEXUAL MALES -- AND THE SHARING OF NEEDLES BY
INTRAVENOUS DRUG ABUSERS.

UNFORTUNATELY, THERE'S A GREAT DEAL OF UNINFORMED AND WRONG-HEADED TALK ABOUT OTHER MODES OF TRANSMISSION: TEARS AND MOSQUITOS AND WATER GLASSES AND KISSING AND SO ON.

IF ANY OF THESE REALLY DID TRANSMIT THE AIDS VIRUS, THE EPIDEMIC OF AIDS WOULD BY NOW HAVE WIPED OUT MANY MILLIONS OF AMERICANS -- AND TENS OF MILLIONS OF PEOPLE AROUND THE GLOBE.

BUT IT HASN'T. AND THE REASON IS SIMPLY THAT THE VIRUS THRIVES BEST IN THOSE TWO BODY FLUIDS -- BLOOD AND SEMEN -- AND TO PASS THOSE TWO FLUIDS FROM ONE PERSON TO ANOTHER IS HARDLY A CASUAL ACT.

BUT THE OVERWHELMING MAJORITY OF AMERICANS -- AND I WOULD ADD, AMERICANS OF EVERY RACE, COLOR, CREED, OR ETHNIC GROUP -- THE OVERWHELMING MAJORITY OF AMERICANS DO NOT ENGAGE IN ANAL SEX AND I.V. DRUG ABUSE. YOU DON'T HAVE TO BE A BOARD-CERTIFIED PROCTOLOGIST TO KNOW THAT THIS IS TRUE.

AND THIS IS THE RESULT OF CONSCIOUS CHOICE. THE AMERICAN PEOPLE -- BY AND LARGE -- DON'T LIKE AND DON'T APPROVE OF THESE TWO BEHAVIORS ... THE TWO THAT ACCOUNT FOR THE OVERWHELMING MAJORITY OF AIDS CASES THUS FAR.

THESE THREE KEY ASPECTS OF THE DISEASE MAKE THE AMERICAN PEOPLE VERY EDGY ABOUT AIDS -- AND FRANKLY, WHO CAN BLAME THEM? I THINK WE WOULD BE EVEN MORE UPSET IF PEOPLE WERE NOT CONCERNED ABOUT THE THREAT OF A DISEASE WITH THESE THREE DISTURBING CHARACTERISTICS.

YES, THE AMERICAN PEOPLE HAVE EVERY REASON TO BE EDGY ABOUT AIDS. BUT THEY HAVE NO REASON TO BECOME PARALYZED BY IT.

YET, SOME AMERICANS ARE PARALYZED. AND I'M SORRY TO REPORT THAT THE WORST EXAMPLES ARE OF PROFESSIONAL PEOPLE WHOSE JUDGMENT IS OBSCURED BY IRRATIONAL FEARS:

* SCHOOL OFFICIALS, FOR EXAMPLE, WHO BAR CHILDREN WITH AIDS FROM PUBLIC CLASSROOMS. THAT KIND OF ACTION STIGMATIZES A CHILD AND SETS HIM OR HER APART FROM THE COMMUNITY -- AND FOR NO GOOD REASON. IT IS TRAGIC FOR THE CHILD ... AND A DISGRACE FOR THAT SCHOOL AND COMMUNITY.

* AN EMPLOYER WHO SUMMARILY DISMISSES A WORKER WITH AIDS IS PLAIN WRONG. I HAVE TOLD MANY AUDIENCES OF BUSINESS PEOPLE THAT THE ONLY REASON THEY HAVE FOR DISMISSING SOMEONE WITH AIDS IS IF THE ROUTINE WORK OF THEIR COMPANIES INVOLVE ANAL INTERCOURSE OR "SHOOTING" DRUGS. IF THAT'S THE CASE, THEN BY ALL MEANS, THEY SHOULD DISMISS THE OFFENDING EMPLOYEE. BUT THEY OUGHT TO TAKE A LOOK AT THE REST OF THE PLACE, TOO, BECAUSE THEY'VE GOT MUCH MORE TROUBLE THAN JUST AIDS.

* AND PHYSICIANS AND HOSPITAL ADMINISTRATORS WHO TURN AWAY AIDS PATIENTS ARE ALSO WORTHY OF OUR CONTEMPT AND CONDEMNATION.

FOR THREE MILLENNIA, THE HEALING ARTS AND SCIENCES HAVE REACHED OUT TO ALL WHO HAVE NEEDED ATTENTION. THIS IS HARDLY THE TIME -- AND AIDS IS HARDLY THE REASON -- FOR ANYONE TO REVERSE THE COURSE OF THIS NOBLE HISTORY.

ALL THESE ACTIONS ARE IRRATIONAL AND WRONG. THEY RUN COUNTER TO THE FUNDAMENTAL INSTINCTS OF AMERICAN SOCIETY. MOST AMERICANS WOULD CONDEMN THEM. BUT I MUST SADLY REPORT THAT NOT EVERYONE FEELS THIS WAY.

JUST RECENTLY I SAW THE RESULTS OF A SURVEY OF EMPLOYEES CONDUCTED BY THE CENTER FOR WORK PERFORMANCE PROBLEMS AT GEORGIA TECH. HERE'S WHAT THEY HAD TO SAY:

* TWO-THIRDS OF THE WORKERS SURVEYED SAID THEY WOULD BE "CONCERNED" ABOUT SHARING A RESTROOM AT WORK WITH A COLLEAGUE WHO HAD AIDS. YOU CANNOT CATCH AIDS FROM TOILET SEATS OR WASH-BASINS, A FACT THAT HAS BEEN REPEATED IN THE PRESS A HUNDRED TIMES. YET, THIS IRRATIONAL FEAR STILL PERSISTS.

* FORTY PERCENT OF THE WORKERS WEREN'T SURE ABOUT THE WISDOM OF EATING IN THE SAME CAFETERIA WITH PERSONS WITH AIDS. WE KNOW THE AIDS VIRUS CANNOT BE TRANSMITTED IN FOOD OR ON CROCKERY OR CUTLERY. YET, THIS FEAR PERSISTS, ALSO.

* AND 37 PERCENT WOULD NOT SHARE TOOLS OR EQUIPMENT WITH PEOPLE WHO HAD THE AIDS VIRUS. AGAIN, A TOTALLY GROUNDLESS FEAR.

THESE ARE IRRATIONAL AND DISCRIMINATORY RESPONSES. WE NEED TO RECOGNIZE THEM AS SUCH AND DO WHATEVER WE CAN -- IN OUR OWN HOMES, OFFICES, AND INSTITUTIONS -- TO REPLACE THESE FEARFUL MISCONCEPTIONS WITH THE TRUTH.

ARE THERE NO RISKS AT ALL FOR HEALTH PERSONNEL? NO, THAT'S NOT TRUE. THERE ARE RISKS AND TWO YEARS AGO THE PUBLIC HEALTH SERVICE RELEASED A SET OF PRACTICAL GUIDELINES WHICH, IF FOLLOWED, WILL PROTECT ANY HEALTH WORKER FROM BECOMING CONTAMINATED OR INFECTED WITH THE AIDS VIRUS.

I HOPE YOU AND YOUR PERSONNEL ARE COMPLETELY FAMILIAR WITH THOSE C.D.C. GUIDELINES. SO FAR, OUT OF A TOTAL HEALTH WORKFORCE OF NEARLY 7 MILLION PERSONS, FEWER THAN A DOZEN HAVE BECOME INFECTED WITH THE AIDS VIRUS BECAUSE OF SOME MISADVENTURE ON THE JOB.

AND IN EACH OF THOSE CASES, THERE WAS A MOMENT WHEN THE PERSON'S VIGILANCE WAS RELAXED AND THE VIRUS FOUND A WAY IN.

DESPITE THIS EXTRAORDINARY RECORD OF SAFETY, WE STILL HEAR OF STORIES INVOLVING HEALTH PROFESSIONALS -- OR GROUPS OF PROFESSIONALS -- WHO REFUSE TO TREAT SOMEONE WITH AIDS ... OR REFUSE TO TREAT SOMEONE WHOM THEY SUSPECT OF HAVING AIDS.

THIS IS NOT CHARACTERISTIC OF THE OVERWHELMING MAJORITY OF OUR COLLEAGUES, WHO CONTINUE TO PROVIDE QUALITY, COMPASSIONATE CARE TO EVERY PATIENT -- INCLUDING PERSONS DYING OF AIDS.

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

IN THIS CONNECTION I SHOULD LIKE TO RECOGNIZE THREE LEADING NATIONAL ORGANIZATIONS OF HEALTH PROFESSIONALS FOR THE STRONG STAND THEY HAVE TAKEN TO REINFORCE THE ETHICAL CONDUCT OF THEIR MEMBERS.

JUST THIS PAST DECEMBER THE AMERICAN MEDICAL ASSOCIATION
ADOPTED A POLICY THAT STATES UNEQUIVOCALLY...

"A PHYSICIAN MAY NOT ETHICALLY REFUSE TO TREAT A PATIENT
WHOSE CONDITION IS WITHIN THE PHYSICIAN'S CURRENT REALM OF
COMPETENCE SOLELY BECAUSE THE PATIENT IS SEROPOSITIVE.
PERSONS WHO ARE SEROPOSITIVE SHOULD NOT BE SUBJECTED TO
DISCRIMINATION BASED ON FEAR OR PREJUDICE."

THE POLICY ALSO DEALS WITH THE POSSIBILITY OF THE PHYSICIAN --
NOT THE PATIENT -- BEING SEROPOSITIVE FOR AIDS. THE A.M.A.
POLICY PAPER SAYS THAT...

"A PHYSICIAN WHO KNOWS THAT HE OR SHE IS SEROPOSITIVE SHOULD NOT ENGAGE IN ANY ACTIVITY THAT CREATES A RISK OF TRANSMISSION OF THE DISEASE TO OTHERS," BUT "SHOULD CONSULT COLLEAGUES AS TO WHICH ACTIVITIES (TO) PURSUE WITHOUT CREATING A RISK TO PATIENTS."

SIMILARLY THE AMERICAN COLLEGE OF PHYSICIANS AND THE INFECTIOUS DISEASES SOCIETY OF AMERICA ADOPTED A JOINT "POSITION PAPER" ON AIDS THIS PAST JANUARY. ITS FIRST "POSITION" SAYS THAT...

"...PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS, AND HOSPITALS ARE OBLIGATED TO PROVIDE COMPETENT AND HUMANE CARE TO ALL PATIENTS, INCLUDING PATIENTS WITH AIDS AND AIDS-RELATED CONDITIONS, AS WELL AS HIV-INFECTED PATIENTS WITH UNRELATED MEDICAL PROBLEMS. THE DENIAL OF APPROPRIATE CARE TO PATIENTS FOR ANY REASON IS UNETHICAL."

FURTHER ALONG IN THE DOCUMENT, SUCH BEHAVIOR BY A PHYSICIAN IS CALLED "MORALLY AND ETHICALLY INDEFENSIBLE."

AND FINALLY, THE AMERICAN NURSES' ASSOCIATION LAST JUNE REAFFIRMED ITS ...

"... COMMITMENT TO PROTECTING THE CIVIL AND HUMAN RIGHTS OF PERSONS AFFECTED WITH AIDS AS WELL AS THOSE OF THE CAREGIVERS." IN THE SAME CONTEXT, THE A.N.A. HOUSE OF DELEGATES ALSO REAFFIRMED "THE COMMITMENT OF THE NURSING PROFESSION TO ALL PEOPLE IN NEED OF NURSING SERVICES, REGARDLESS OF THE ILLNESS OR THE SEVERITY OF THAT ILLNESS."

I BELIEVE THE RESPONSIBLE LEADERS IN MEDICINE AND NURSING HAVE CORRECTLY GAUGED THE NEED TO REASSERT THE PRIMACY OF ETHICAL CONDUCT IN HEALTH CARE. AND THEY HAVE DONE SO.

I THINK MOST PEOPLE WANT TO DO THE RIGHT THING. AND SUCH STATEMENTS AS THESE MAKE IT POSSIBLE FOR INDIVIDUAL HEALTH PROFESSIONALS TO DO THE RIGHT THING AND TO FEEL THE STRENGTH OF NUMBERS AS THEY DO SO.

I AM PERSUADED THAT THE OVERWHELMING MAJORITY OF AMERICAN HEALTH PROFESSIONALS ARE LIVING UP TO THE HIGHEST IDEALS OF THEIR CALLING. AND, THEREFORE, I BELIEVE THAT MOST PATIENTS WITH AIDS WILL GET THE HEALTH AND MEDICAL CARE THEY NEED.

BUT I AM NOT NAIVE. AND NEITHER ARE YOU. THERE IS STILL A GREAT DEAL OF UNEASINESS IN THE COUNTRY AND IN THE HEALTH CARE PROFESSIONS THEMSELVES, AND YOU CAN TRACE THOSE FEELINGS BACK TO THOSE THREE ASPECTS OF THE DISEASE I MENTIONED EARLIER: ITS MYSTERY, ITS HIGH MORTALITY RATE, AND THE PARTICULAR WAYS IN WHICH THE DISEASE IS TRANSMITTED.

AS A FINAL WORD, LET ME RETURN FOR A MOMENT TO THAT THIRD ASPECT OF THE DISEASE, THE WAYS IN WHICH IT IS TRANSMITTED ... AND THE PEOPLE WHO DO THOSE THINGS.

* I.V. DRUG ABUSERS COMPRISE ONE MAJOR GROUP ... A FOURTH OF ALL AIDS VICTIMS SO FAR. AND IT APPEARS THAT THIS GROUP IS GROWING THE FASTEST.

DRUG ADDICTS HAVE NEVER BEEN WITHIN EASY REACH OF THE HEALTH CARE SYSTEM. AND INDEED ONLY A FEW HAVE COME FORWARD TO SHAKE THEIR HABIT AND ESCAPE THE RISK OF AIDS.

ON THE OTHER HAND, THE HEALTH SYSTEM ITSELF HAS NOT BEEN ESPECIALLY INNOVATIVE IN REACHING OUT TO FIND THEM. ONE OF ADMIRAL WATKINS' KEY POINTS IN HIS STATEMENT EARLIER THIS MONTH, WAS THAT WE HAD FAR TOO FEW DRUG TREATMENT CENTERS, RELATIVE TO THE NEED.

BY THE WAY, THIS IS NOT A PROBLEM THAT MONEY ALONE CAN SOLVE. FOR EXAMPLE, SOME COMMUNITIES WITH THE MONEY TO OPEN MORE AIDS-RELATED DRUG TREATMENT CENTERS HAVE NOT DONE SO BECAUSE THEIR CITIZENS OBJECT TO HAVING SUCH CENTERS IN THEIR MIDST -- DESPITE THE EPIDEMIOLOGICAL EVIDENCE THAT THEY MAY BE NEEDED.

FOR DRUG ABUSERS, THEN, THE STATEMENTS OF ETHICAL CONDUCT I READ EARLIER -- EXCELLENT STATEMENTS THAT THEY ARE -- MAY BE IRRELEVANT. HENCE, I AM CONCERNED THAT THE PEOPLE NOW BURIED ALIVE IN THE WORLD OF AIDS AND DRUG ADDICTION -- AND THE AMERICAN SYSTEM OF HEALTH CARE -- WILL FAIL TO CONNECT IN THE FUTURE, AS THEY HAVE IN THE PAST. AND WITH TRAGIC CONSEQUENCES FOR THEMSELVES ... AND FOR SOCIETY.

* THE SECOND MAJOR HIGH-RISK POPULATION IS COMPRISED OF HOMOSEXUALS AND BISEXUAL MALES WHO ARE NOT MONOGAMOUS AND WHO ENGAGE IN UNPROTECTED ANAL INTERCOURSE. THEY ACCOUNT FOR TWO-THIRDS OF ALL AIDS CASES SO FAR.

SEVERAL YEARS AGO, IN THE EARLY STAGES OF THE AIDS EPIDEMIC, IT WAS CLEAR THAT A GREAT MANY MEN IN THIS GROUP USED A VARIETY OF "ALTERNATIVE" HEALTH SERVICES -- CLINICS AND HEALTH PROVIDERS WHO WERE MORE KNOWLEDGEABLE AND MORE TOLERANT OF THE HOMOSEXUAL LIFESTYLE. BUT THOSE SERVICES WERE OUTSIDE THE MAINSTREAM OF AMERICAN HEALTH CARE ... AND, AS A RESULT, OUTSIDE THE MAIN SOURCES OF THERAPY, INFORMATION, AND MONEY.

WHILE SOME MAY ARGUE THE POINT, I NEVERTHELESS AM INCLINED TO THINK THAT THE STAND-OFF WAS MUTUAL. BUT IT HURT BOTH SIDES.

IT HURT THE MEN WHO HAD BECOME INFECTED WITH THE AIDS VIRUS AND WHO NEEDED ACCESS TO THE BEST CARE AVAILABLE ... AND IT HURT THE HEALTH CARE SYSTEM BECAUSE THE CHALLENGE OF UNDERSTANDING THE AIDS EPIDEMIC AND LEARNING HOW TO RESPOND TO IT -- ALREADY A VERY DIFFICULT CHALLENGE -- BECAME EVEN MORE SO.

ANOTHER RESULT OF THIS STAND-OFF WAS THE LOSS OF BOTH TIME AND INFORMATION BY THE BIOMEDICAL AND BIOBEHAVIORAL RESEARCH COMMUNITIES.

* THERE ARE ALSO ABOUT A THOUSAND WOMEN -- MOSTLY BUT NOT EXCLUSIVELY PROSTITUTES -- WHO HAVE BECOME INFECTED BECAUSE THEY HAVE BEEN THE SEXUAL PARTNERS OF DRUG ABUSERS OR BISEXUAL MEN WHO HAD AIDS. THESE WOMEN KNOW -- AND ARE KNOWN BY -- THE EMERGENCY ROOM PERSONNEL AND THE CLOSEST CLINIC TREATING SEXUALLY TRANSMITTED DISEASES. BUT THE REST OF THE HEALTH CARE SYSTEM IS, FOR MANY OF THEM, ALIEN TERRITORY.

* AT OUR LAST COUNT, THERE WERE SOME 700 BABIES WHO WERE GIVEN NOT ONLY THE GIFT OF LIFE -- BUT ALSO OF AIDS -- FROM THEIR AIDS-INFECTED MOTHERS.

A GREAT MANY OF THESE NEONATES HAVE BEEN ABANDONED BY THEIR MOTHERS AND HAVE BECOME BOTH PATIENTS AND WARDS OF THE NURSING STAFFS IN THE HOSPITALS WHERE THEY WERE BORN. THIS IS AN UNFAMILIAR AND INTOLERABLE BURDEN FOR THOSE INSTITUTIONS, AS YOU CAN WELL IMAGINE.

* AND FINALLY, YOUNG BLACK AND HISPANIC AMERICANS APPEAR AMONG THE AIDS CASE REPORTS TWICE AS OFTEN AS THEY APPEAR IN THE POPULATION GENERALLY. THE MINORITIES WITH AIDS TEND TO BE POOR, UNINSURED OR UNDERINSURED, AND URBAN, LIVING IN THOSE SAME MAJOR METROPOLITAN AREAS WHERE THE HEALTH DELIVERY SYSTEMS ARE ALREADY STRAINED TO THE LIMIT.

THIS IS A QUICK BUT ACCURATE SKETCH OF THE AIDS CASELOAD,
AND SO I MUST WONDER TO WHAT EXTENT THESE CITIZENS MAY HAVE
ACCESS TO OUR SYSTEM OF HEALTH CARE, AS THEY BECOME ENVELOPED BY
THE AIDS VIRUS AND BY ONE OR MORE AIDS-RELATED CONDITIONS.

ARE THEY STILL ON THE PERIMETER OF OUR SOCIETY'S MAINSTREAM
HEALTH DELIVERY SYSTEM? OR HAVE THE RECENT STATEMENTS OF
ETHICAL CONDUCT STIMULATED A NEW OPENNESS ... A NEW ACCEPTANCE
... MAYBE A NEW DESIRE TO BRING THEM IN?

STATEMENTS OF ETHICAL CONDUCT ARE GOOD, PLEASE DON'T
MISUNDERSTAND ME. WE NEED THEM AND THEY ARE WELCOME.

BUT THEY'RE NOT ENOUGH.

THEY MUST BE ACCOMPANIED BY THE WILL TO PUT THOSE STATEMENTS TO WORK.

IT'S DIFFICULT FOR MANY INSTITUTIONS AND MANY PRACTITIONERS TO DO THAT, I KNOW, SINCE, AS I INDICATED A MOMENT AGO, MOST PEOPLE CARRYING THE VIRUS --TENS OF THOUSANDS OF THEM ... MAYBE A MILLION OR MORE -- DO NOT KNOW THE HEALTH SYSTEM VERY WELL ... NOR DOES THE HEALTH SYSTEM KNOW THEM.

THESE, THEN, ARE SOME OF THE QUESTIONS THAT CONFRONT MEDICINE AND HEALTH CARE IN A FREE SOCIETY SUCH AS OURS. THEY ARE NOT MEDICAL, BUT THE AIDS EPIDEMIC IS A THREAT NOT ONLY TO INDIVIDUAL AMERICANS BUT ALSO TO THE SOCIAL COMPACT THAT HAS HELD OUR NATION TOGETHER THROUGH PERIODS OF GREAT TURMOIL AS WELL AS TRANQUILITY.

HISTORICALLY, AMERICANS HAVE HAD A NATIONAL TEMPERAMENT OF CHARITY AND TOLERANCE ... OF RESPONSIVENESS AND AFFIRMATION. WE'VE EXTENDED OUR GENEROSITY TO EACH OTHER IN EVERY TIME OF NEED.

AND THIS IS SURELY ONE OF THOSE TIMES.

NOW, WHAT CAN YOU DO? OBVIOUSLY, YOU CAN INFLUENCE THE HEALTH CARE SYSTEM TO REMAIN OPEN TO EVERYONE WHO CONTRACTS THE DISEASE OF AIDS. THIS IS ESSENTIAL.

SECOND, YOU CAN HELP REINFORCE -- THROUGH PATIENT AND COMMUNITY EDUCATION PROGRAMS -- THE KIND OF LOW-RISK OR NO-RISK BEHAVIOR THAT WILL PROTECT PEOPLE FROM AIDS, IN THE ABSENCE OF A VACCINE: STAYING FREE OF DRUGS, FOR EXAMPLE, AND BEING SENSIBLE ABOUT ONE'S OWN SEXUALITY.

AND FINALLY, MAKING SURE THAT YOUR OWN COLLEAGUES AND YOUR STAFFS HAVE THE FACTS ABOUT AIDS ... UNDERSTAND THEM ... AND CARRY ON THEIR PROFESSIONAL LIVES WITH A HEALTHY RESPECT FOR THE VIRUS, OBSERVING ALL THE GUIDELINES FOR PERSONAL SAFETY.

SOCIETY IS BEING TESTED, THERE'S NO QUESTION ABOUT THAT. THE EPIDEMIC OF AIDS IS PROVIDING ONE OF THE MOST SERIOUS TESTS OF SOCIAL AND POLITICAL WILL THAT WE'VE EVER EXPERIENCED.

I TRULY BELIEVE WE WILL COME THROUGH SUCH A TEST WITH OUR IDEALS AND OUR INSTITUTIONS INTACT. THE NEXT FEW YEARS WILL NOT BE EASY, THAT'S FOR SURE.

BUT WE'LL MAKE IT ... AND WE'LL MAKE IT TOGETHER.

THANK YOU.

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