

ORIGINAL

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#4 / LIFERS

CURRENT ISSUES IN AIDS

By

C. EVERETT KOOP, M.D., Sc.D.

SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO THE AMERICAN COUNCIL ON LIFE INSURANCE

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

I APPRECIATE THIS OPPORTUNITY TO TALK WITH THE MEMBERS OF THE COUNCIL ABOUT SOME CONCERNS THAT YOU AND I BOTH SHARE, RELATIVE TO THE HEALTH OF THE AMERICAN PEOPLE.

AND I'M ESPECIALLY PLEASED TO HONOR AN INVITATION FROM YOUR PRESIDENT, DICK SCHWEIKER, WHO HAS BEEN A GOOD FRIEND AND SUPPORTER BOTH OF ME PERSONALLY AND OF THE U.S. PUBLIC HEALTH SERVICE AND THE OFFICE OF THE SURGEON GENERAL.

BUT ALMOST FROM BEGINNING OF MY TERM IN OFFICE, SOME 7 YEARS AGO, I RECOGNIZED THAT THE AMERICAN COUNCIL ON LIFE INSURANCE AND ITS MEMBER COMPANIES WERE MY ALLIES. THE BIG ISSUE FOR ME BACK THEN -- IN ADDITION TO JUST SURVIVING IN WASHINGTON -- WAS SMOKING.

FOUR OF MY PREDECESSORS HAD DEALT WITH THE EFFECTS OF SMOKING ON THE HEALTH OF AMERICANS AND, BY LAW, I WOULD, ALSO. AND ALONG THE WAY I WOULD COME TO KNOW THE COUNCIL'S MEMBER COMPANIES WHO HAD HELPED ESTABLISH THE ADVISORY COUNCIL ON EDUCATION FOR HEALTH, WITH ITS STRONG ANTI-SMOKING ORIENTATION.

AND, OF COURSE, I'VE MET WITH THE MANAGERMENTS OF MANY OF YOUR COMPANIES, WHICH WERE AMONG THE FIRST IN THE PRIVATE SECTOR TO ADOPT "SMOKE-FREE" POLICIES FOR THEIR OWN OFFICES.

AND YOU WERE ALSO THE FIRST MAJOR INDUSTRY TO SEE THE SIGNIFICANCE FOR YOUR OWN BUSINESS OF THE HEALTH HAZARDS OF SMOKING, AND, THEREFORE, MANY OF YOU HAVE GIVEN APPROPRIATE RECOGNITION TO NON-SMOKING POLICY-HOLDERS. I'M TOLD THAT WELL OVER 100 OF YOUR MEMBER COMPANIES -- MANY OF THEM AMONG THE LARGEST IN THE INDUSTRY -- NOW OFFER DISCOUNTS TO POLICY-HOLDERS WHO DO NOT -- OR DO NOT ANY LONGER -- SMOKE.

I'M POSITIVE THAT THESE AND MANY OTHER ACTIVITIES TAKEN ON YOUR OWN INITIATIVE HAVE HAD A TREMENDOUS SALUTARY EFFECT. YOUR OWN CLERICAL, SALES, AND MANAGEMENT PEOPLE ARE HEALTHIER FOR IT, AND YOUR OWN POLICY-HOLDERS ARE GOING TO LIVE LONGER AND HEALTHIER LIVES AS WELL.

BUT AS GOOD AS THESE EFFORTS ARE -- ON YOUR PART AND ON MINE -- THEY HAVEN'T BEEN GOOD ENOUGH TO CONVINCING SOME 50 MILLION OF OUR FELLOW CITIZENS TO STOP SMOKING. IT'S A LONG AND SLOW PROCESS. I CALLED FOR AMERICA TO BECOME A "SMOKE-FREE SOCIETY BY THE YEAR 2000" AND I AM STILL HOPEFUL THAT WE WILL MAKE IT.

MAYBE WE'LL HAVE TO ADJUST THIS LATER AND SAY WE'VE BECOME SUBSTANTIALLY SMOKE-FREE BY THEN. MY DEFINITION OF "SMOKE-FREE" IS THIS: SMOKERS WILL NOT SMOKE WITHOUT PERMISSION FROM NON-SMOKERS.

BUT I WANT US TO "GO FOR THE GOLD" ON THIS ONE BECAUSE -- AS YOU KNOW AS WELL AS I -- SMOKING IS STILL THE LEADING CAUSE BEHIND THE THREE MAJOR KILLERS OF AMERICAN LIFE: HEART DISEASE, CANCER, AND STROKE.

BUT, AS MY LAST SURGEON GENERAL'S REPORT POINTED OUT, WE'RE NOT JUST DEALING WITH A CASUAL HABIT HERE. WE NOW KNOW AS A SCIENTIFIC FACT THAT NICOTINE IS AN ADDICTIVE DRUG THAT OPERATES IN THE HUMAN IN MUCH THE SAME WAY AS OTHER ADDICTIVE DRUGS, SUCH AS COCAINE AND HEROIN.

SO THE PROBLEM REQUIRES MORE THAN JUST A GOOD POSTER OR A GOOD SLOGAN OR TWO. IT REQUIRES CLINICAL TREATMENT ... IT REQUIRES THE USE OF THE SAME TECHNIQUES THAT ARE USED TO BREAK THE HOLD OF OTHER ADDICTIVE DRUGS UPON SUSCEPTIBLE MEN AND WOMEN ... AND CHILDREN.

THE TOBACCO INDUSTRY, AS YOU CAN IMAGINE, IS VERY UPSET WITH THIS LATEST REPORT. WELL, SO WAS I. I WAS VERY UPSET TO LEARN THAT THIS MAJOR AMERICAN INDUSTRY -- WHICH ALREADY CARRIES THE BURDEN OF MILLIONS OF PREMATURE DEATHS HERE AND AROUND THE WORLD -- IS ALSO KNOWINGLY SELLING A PRODUCT WHOSE MAJOR COMPONENT IS AN ADDICTIVE DRUG.

SO WE HAVE A LOT OF WORK AHEAD OF US STILL, UNTIL HUMAN HISTORY IS FINALLY RELIEVED OF THE TRAGEDY WROUGHT BY TOBACCO.

NOW LET ME TURN, IF I MAY, TO ANOTHER AND EQUALLY IMPORTANT TOPIC ... ONE THAT HAS ALSO OCCUPIED SO VERY MUCH OF MY TIME AND ATTENTION ... AND ONE THAT YOU HAVE BEEN WATCHING AS WELL.

OF COURSE, I'M TALKING ABOUT AIDS.

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



RATHER, LET ME TAKE A LOOK AT THE ISSUE FROM A LITTLE DIFFERENT PERSPECTIVE.

I THINK IT'S POSSIBLE TO SAY, WITH THE ADVANTAGE OF HIND-SIGHT, THAT THE AIDS EPIDEMIC HAS BEEN THE HEAVIEST AMONG THOSE AMERICANS WHO ARE OUTSIDE THE TRADITIONAL SYSTEM OF HEALTH CARE DELIVERY IN THIS COUNTRY.

THEY ARE NOT OUR FAMILIAR "PATIENTS." THEY DON'T HAVE A FAMILY PHYSICIAN WHO HAS KNOWN THEM AND CARED FOR THEM OVER THE YEARS. AND THEY'RE RARELY COVERED BY ANY TYPE OF INSURANCE, EITHER.

THERE MAY BE AS MANY AS 35 MILLION AMERICANS WHO FALL INTO THIS CATEGORY OF BEING BEYOND THE REACH OR OUTSIDE THE REACH OF THE MAINSTREAM OF AMERICAN HEALTH AND SOCIAL SERVICES.

I THINK WE CAN ALSO SAY -- AGAIN, WITH THE ADVANTAGE OF HIND-SIGHT -- THAT MOST OF THESE 35 MILLION INDIVIDUALS DO NOT ENGAGE IN HIGH-RISK BEHAVIOR AND, THEREFORE, MOST OF THEM WILL NOT CONTRACT AIDS.

IF THE OPPOSITE WERE TRUE, WE WOULD CERTAINLY HAVE KNOWN ABOUT IT BY NOW. THE UNITED STATES WOULD, AT THIS VERY MOMENT, BE ENGULFED IN A DEVASTATING AIDS CATASTROPHE WITH A ROLL-CALL OF THE DEAD THAT WOULD BE MANY TIMES THE CURRENT TOTAL OF 44,000.

NEVERTHELESS, THINGS ARE STILL BAD ... THE AIDS EPIDEMIC SHOWS NO SIGNS OF ABATING. BUT WE'VE NOT YET PASSED BEYOND THE BRINK OF A NATIONAL CATASTROPHE. AND MY READING OF THE STATISTICS SO FAR IS THAT WE MAY YET AVERT ONE DOWN THE ROAD.

BUT NOTE THAT I SAID "MOST" OF THOSE 35 MILLION OF OUR FELLOW AMERICANS WILL NOT CONTRACT AIDS.

HOWEVER, THERE IS -- UNFORTUNATELY -- A SMALL MINORITY AMONG THEM WHO ARE UNINSURED ... WHO ARE CULTURALLY AND SOCIALLY ISOLATED ... WHO DO ENGAGE IN SOME FORM OF HIGH-RISK BEHAVIOR ... AND WHO, THEREFORE, ARE AT GREAT RISK OF CATCHING AIDS -- IF THEY ARE NOT ALREADY INFECTED.

IF OUR EXPERIENCE THUS FAR MEANS ANYTHING, THEN THE PEOPLE NOW INFECTED -- PLUS THE PEOPLE WHO ARE MOST AT RISK FOR BECOMING INFECTED -- WOULD INCLUDE...

\* DRUG ADDICTS WHO "SHOOT" DANGEROUS SUBSTANCES INTO THEIR VEINS SEVERAL TIMES A DAY.

I.V. DRUG ABUSERS COMPRISE A FOURTH OF ALL AIDS VICTIMS SO FAR. AND ALL SIGNS POINT TO THIS GROUP AS BEING THE ONE THAT IS PROPORTIONATELY GROWING THE FASTEST.

FOR EXAMPLE, I.V. DRUG ABUSERS COMPRISED 23 PERCENT OF ALL AIDS PATIENTS REPORTED DURING THE 12-MONTH PERIOD THAT ENDED NOVEMBER 7 OF LAST YEAR.

HOWEVER, THIS SAME GROUP OF DRUG ABUSERS COMPRISED 30 PERCENT OF ALL AIDS CASES REPORTED DURING THE 12-MONTH PERIOD THAT ENDED LAST WEEK.

DRUG ADDICTS HAVE NEVER BEEN WITHIN EASY REACH OF THE HEALTH CARE SYSTEM. EVEN THE AIDS EPIDEMIC HAS NOT CHANGED THIS RELATIONSHIP VERY MUCH. IT MAY HAVE CONVINCED A FEW OF THEM TO COME FORWARD, SHAKE THEIR HABIT, AND SAVE THEIR LIVES. BUT NOT MANY.

SOME OF THE PROBLEM HERE IS SURELY OURS. WE MAY NOT HAVE BEEN AS INNOVATIVE -- OR EVEN AS ENERGETIC -- AS WE OUGHT TO HAVE BEEN TO REACH THIS DIFFICULT BUT HIGHLY VULNERABLE GROUP, AND THAT SHOULD CHANGE. WE HAVE TO DO BETTER.

BUT THE FACT REMAINS THAT WE'VE MADE HARDLY A DENT WITH THIS GROUP.

\* THE LARGEST SEGMENT OF THE HIGH-RISK POPULATION IS COMPRISED OF HOMOSEXUALS OR BISEXUAL MALES WHO ARE NOT MONOGAMOUS AND WHO ENGAGE IN ROUGH AND UNPROTECTED ANAL INTERCOURSE WITH MULTIPLE PARTNERS.

THESE MEN HAVE ACCOUNTED FOR TWO-THIRDS OF ALL AIDS CASES SO FAR. BUT AS THE PROPORTION RISES AMONG DRUG ABUSERS, IT IS APPARENTLY FALLING AMONG HOMOSEXUALS AND BISEXUAL MALES.

FOR EXAMPLE, DURING THOSE SAME 12-MONTH PERIODS I MENTIONED A MOMENT AGO, HOMOSEXUAL AND BISEXUAL MALES COMPRISED 66 PERCENT OF THE 1987 AIDS CASELOAD, BUT ONLY 56 PERCENT OF THE 1988 CASELOAD SO FAR.

WE NEED TO REMEMBER THAT THERE IS AN INCUBATION PERIOD OF ONE TO SEVERAL YEARS FOR MOST AIDS PATIENTS. TAKING THAT INTO CONSIDERATION, THIS DECLINE IN THE PROPORTION OF HOMOSEXUALS AND BISEXUAL MALES DOES SUGGESTS THAT OUR PUBLIC EDUCATION PROGRAMS OF THE PAST SEVERAL YEARS ARE PAYING OFF. THE MESSAGE APPARENTLY DID REACH THIS COMMUNITY AND IT DID HELP REDUCE THE NUMBERS OF MEN ENGAGING IN HIGH-RISK SEXUAL BEHAVIOR.

THERE'S EVEN SPECULATION THAT THE EPIDEMIC MAY HAVE ALREADY PEAKED AMONG HOMOSEXUALS AND BISEXUAL MALES IN CERTAIN MAJOR CITIES, SUCH AS SAN FRANCISCO, LOS ANGELES, AND HERE IN NEW YORK. I CERTAINLY HOPE THAT'S THE CASE ... BUT IT'S A LITTLE EARLY TO CELEBRATE.



BUT HERE AGAIN, WE'RE TALKING ABOUT A COMMUNITY OF MEN WHO HAVE TENDED TO STEER CLEAR OF "TRADITIONAL" MEDICINE AND HEALTH CARE, PRIMARILY BECAUSE THEY FELT -- WITH SOME JUSTIFICATION, I'M SURE -- THAT MAINSTREAM AMERICAN MEDICINE DIDN'T UNDERSTAND THEM AND DIDN'T WANT TO UNDERSTAND THEM.

AGAIN, THE FACTORS OF ALIENATION AND SEPARATION HAVE BEEN PRESENT IN THIS GROUP, ALSO, FROM THE VERY BEGINNING OF THIS EPIDEMIC.

\* THE POPULATION AT HIGHEST RISK ALSO INCLUDES A NUMBER OF WOMEN -- MAINLY BUT NOT EXCLUSIVELY PROSTITUTES. ACCORDING TO OUR EPIDEMIOLOGICAL DATA, THESE WOMEN ARE EITHER DRUG ABUSERS THEMSELVES OR THEY'VE BEEN THE SEXUAL PARTNERS OF INFECTED DRUG ADDICTS OR OF INFECTED BISEXUAL MALES.

NEARLY 2,000 SUCH WOMEN HAVE ALREADY BEEN REPORTED AS HAVING AIDS.

I NEEDN'T ADD THAT THE OVERWHELMING MAJORITY OF THESE HIGH-RISK WOMEN ARE ALSO NOT COMMONLY FOUND ON THE PATIENT ROLLS OF MOST PRACTICING PHYSICIANS OR EVEN MOST COMMUNITY CLINICS.

I SHOULD ADD THAT THE NUMBER OF HETEROSEXUALS WITH AIDS -- MEN AND WOMEN BOTH -- HAS BEEN SMALL AND HAS HELD STEADY AT ABOUT 4 PERCENT OF THE TOTAL AIDS CASELOAD. HOWEVER, THIS YEAR IT APPEARS THAT TWICE AS MANY HETEROSEXUALS ARE SHOWING UP ON THE MONTHLY AIDS TOTALS, THAN WAS THE CASE LAST YEAR.

AND THAT'S A VERY OMINOUS SIGN.

\* AND THEN THERE ARE THE CHILDREN ... INFANTS REALLY.

SOME 1,000 HAVE ALREADY BEEN GIVEN THE GIFT OF LIFE -- AND OF AIDS -- BY THEIR VIRUS-INFECTED MOTHERS. OF THESE INFECTED NEONATES, QUITE A FEW HAVE BEEN ABANDONED BY THEIR MOTHERS AND ARE THE "PATIENT-WARDS," IF YOU WILL, OF THE NURSING STAFFS IN THE URBAN GENERAL HOSPITALS WHERE THEY WERE BORN.

AS LONG AS THEY REMAIN IN THOSE HOSPITAL NURSERIES, THEY ARE RIGHT IN THE CENTER OF THE AMERICAN HEALTH CARE DELIVERY SYSTEM. BUT THEY DON'T REMAIN THERE FOREVER. HOWEVER, IT'S VERY DIFFICULT TO PLACE MOST OF THESE CHILDREN WITH FOSTER FAMILIES. HENCE, THEY END UP ON THE PERIPHERY OF THE HEALTH CARE SYSTEM -- POSSIBLY OUTSIDE IT -- JUST AS THEIR REAL PARENTS WERE.

THUS FAR, WE'VE LOOKED AT SEVERAL CATEGORIES OF AIDS PATIENTS AND WE'VE SEEN THAT THEY ARE VERY LIKELY THE KINDS OF PEOPLE WHO DO NOT HAVE EASY ACCESS TO CARE BEFORE THEY GET AIDS, MUCH LESS AFTER. BUT THERE'S A FURTHER COMPLICATION.

\* ALMOST FROM THE VERY BEGINNING OF OUR RECORD-KEEPING, WE'VE BEEN AWARE OF THE DISPROPORTIONATE NUMBER OF PERSONS WITH AIDS WHO ARE BLACK OR HISPANIC.

THESE MINORITIES ARE SHOWING UP AMONG THE AIDS POPULATION AT BETTER THAN TWICE THE RATE AT WHICH THEY APPEAR IN THE AMERICAN POPULATION GENERALLY. IN FACT, ACROSS ALL CATEGORIES, BLACKS AND HISPANICS NOW COMPRISE 41 PERCENT OF ALL AIDS CASES LOGGED IN SINCE 1981.

THESE MINORITIES WITH AIDS TEND TO BE POOR AND THEY ALSO TEND TO LIVE IN URBAN AREAS WHERE HEALTH CARE SYSTEMS ARE ALREADY STRETCHED TO THE LIMIT.

BUT HERE LET ME ADD THAT -- IN REAL NUMBERS -- WE'RE TALKING ABOUT 20,000 BLACKS AND NEARLY 12,000 HISPANICS WITH AIDS SO FAR. OBVIOUSLY THE OVERWHELMING MAJORITY OF BLACK AND HISPANIC AMERICANS -- SOME 45 MILLION PERSONS -- ARE NOT AT RISK FOR AIDS, JUST AS THE OVERWHELMING MAJORITY OF WHITES ARE NOT AT RISK EITHER.

HOWEVER, THE BLACK COMMUNITY -- AS A COMMUNITY -- IS BEGINNING TO FEEL OVERWHELMED BY THE AIDS PROBLEM, DESPITE THE VERY SMALL NUMBER OF BLACKS WHO ARE AT RISK. BUT AIDS COMES ON TOP OF AN EPIDEMIC OF BLACK-ON-BLACK HOMICIDE AND DRUGS, AS WELL AS THE CHRONIC DEFICITS THEY EXPERIENCE IN HOUSING, EMPLOYMENT, EDUCATION, AND HEALTH CARE.

AT THIS TIME -- AND MORE THAN EVER -- BLACK AND HISPANIC FAMILIES NEED THE UNDERSTANDING AND ASSISTANCE OF THE MAJORITY WHITE COMMUNITY -- AND I HOPE WE WILL RESPOND.

THIS, THEN, HAS BEEN A ROUGH SKETCH OF THE POPULATION OF OUR FELLOW CITIZENS WHO ARE MOST AT RISK FOR CONTRACTING AIDS ... AND OF DYING OF THE DISEASE:

I.V. DRUG ABUSERS ... PROMISCUOUS HOMOSEXUALS AND BISEXUAL MALES ... PROSTITUTES AND SEXUAL PARTNERS OF MEN WITH AIDS ... THE CHILDREN OF MOTHERS WITH AIDS ... AND -- TO A DISPROPORTIONATE DEGREE -- ALL THESE GROUPS AS THEY APPEAR IN THE BLACK AND HISPANIC COMMUNITIES.



FOR THE MOST PART THESE AMERICANS STILL LINGER ON THE PERIMETER OF -- OR ARE CLEARLY OUTSIDE -- OUR SYSTEM OF HEALTH CARE DELIVERY. BUT, AS THE AIDS EPIDEMIC PROGRESSES, THEY DESPERATELY NEED TO GET IN.

I HAVE VISITED WITH THESE INDIVIDUALS AND HAVE HEARD THEIR PESSIMISTIC VIEW ABOUT THEIR ABILITY TO GAIN ACCESS TO APPROPRIATE HEALTH CARE.

I HAVE HEARD MANY OF THEM ACCUSE ALL OF GOVERNMENT AND ALL OF SOCIETY FOR BEING, AT THE VERY LEAST, CALLOUS AND INDIFFERENT OR, AT THE VERY WORST, RACIST AND VENGEFUL.

I DON'T AGREE WITH THAT ASSESSMENT. I THINK THE MAJORITY OF THE AMERICAN PEOPLE WANT TO DO BETTER AND WANT TO SHARE THE GOOD THINGS THAT AMERICA HAS TO OFFER. BUT, AS THE AIDS EXPERIENCE TEACHES US, WE DON'T YET KNOW HOW TO BRING ALL AMERICANS INTO THE CIRCLE OF HEALTH CARE THAT NOW HOLDS ONLY SOME AMERICANS.

WE'VE GOT TO DO MUCH BETTER THAN THAT. AND I THINK WE WILL.

I THINK WE ARE MAKING SOME HEADWAY IN REACHING PEOPLE WITH A LIFE-SAVING HEALTH MESSAGE. FOR SOME IT MAY BE "TOO LITTLE AND TOO LATE." BUT I HOPE THAT'S NOT THE CASE FOR MOST. I DON'T THINK IT IS.

BUT THE TASK AHEAD OF US IS STILL VERY GREAT. THE GREAT WEAPON OF THE AIDS VIRUS IS NOT ITS VIRULENCE OR THE DISEASES THAT IT SPAWNS.

ITS GREAT WEAPON IS FEAR ...

FEAR OF EVERYTHING THAT IS STILL UNKNOWN ABOUT THIS DISEASE.  
FEAR OF ITS MORTALITY RATE, WHICH IS VIRTUALLY 100 PERCENT.  
FEAR OF THE STIGMA OF THE DISEASE ... OF WHAT OTHER PEOPLE  
WILL CONCLUDE ABOUT ONE'S OWN BEHAVIOR AND PERSONAL  
JUDGMENT, IF ONE HAS AIDS.

FEAR OF THE CONSEQUENCES OF THAT STIGMA, WHICH CAN BE LOSS OF A JOB OR HOUSING, EXPULSION FROM SCHOOL, OR DENIAL OF CERTAIN NECESSARY HEALTH OR SOCIAL SERVICES.

THESE ARE LIFE-OR-DEATH CONSEQUENCES FOR ANYONE WHO IS AT HIGHEST RISK FOR AIDS.

AND I ALSO FEAR THE AIDS VIRUS. BUT FOR OTHER REASONS.

I FEAR THE AFFECTS OF THE AIDS VIRUS UPON THE SOCIAL COMPACT THAT HAS HELD AMERICAN SOCIETY TOGETHER THROUGH PERIODS OF PROFOUND TURMOIL AS WELL AS TRANQUILITY.

I FEAR ITS AFFECT UPON THE HEALTH SYSTEM IN OUR COUNTRY, A SYSTEM THAT REFLECTS AN HISTORIC NATIONAL TEMPERAMENT OF CHARITY AND TOLERANCE AND AFFIRMATION. IF IT HAS NOT BEEN SUFFICIENTLY RESPONSIVE, THEN WE'VE GOT TO MAKE IT SO ... AND I BELIEVE WE WILL.

AND I FEAR THE AFFECT OF THE AIDS VIRUS UPON THE PEOPLE WHO MAKE OUR HEALTH SYSTEM WORK ... THE PHYSICIANS AND NURSES, THE DENTISTS AND TECHNICIANS, THE SOCIAL WORKERS AND PHARMACISTS, AND THE ADMINISTRATORS.

MAYBE MY FEARS ARE NOT REALLY JUSTIFIED. I HOPE THEY ARE NOT. BUT THAT JUDGMENT WILL NOT COME AS A RESULT OF ANYTHING I MIGHT SAY OR DO ... OR EVEN WHAT MY SUCCESSOR MIGHT SAY OR DO.

THE JUDGMENT OF HOW WELL AMERICA OVERCOMES THE EFFECTS OF THE AIDS VIRUS -- MEDICAL AND SOCIAL -- WILL BE RENDERED MORE ON THE BASIS OF WHAT YOU DO IN THE COMING MONTHS AND YEARS: YOUR COMPANIES ... YOUR EMPLOYEES ... YOUR CUSTOMERS ... AND YOUR OWN FAMILIES.

WE ARE 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 OUR SOCIETY HAS EVER UNDERGONE.

YET, I BELIEVE WE WILL COME THROUGH THIS TEST WITH OUR IDEALS AND OUR INSTITUTIONS INTACT.

AND THE REASON I CAN DARE TO PREDICT SUCH AN OUTCOME IS THAT I BELIEVE THE PEOPLE OF AMERICA WILL RECOGNIZE THE DANGERS POSED TO OUR SOCIETY, WHEN LARGE NUMBERS OF OUR CITIZENS ARE STILL OUTSIDE THE MAINSTREAM OF HEALTH CARE. AND WHEN THEY BECOME VULNERABLE TO DISEASE ... ALL AMERICANS -- IN ONE WAY OR ANOTHER -- MUST SHARE THAT BURDEN.

I KNOW YOU UNDERSTAND THIS AND ARE CONCERNED, BOTH PERSONALLY AND AS OFFICERS OF YOUR RESPECTIVE COMPANIES. AND I URGE YOU TO REMAIN SO. BECAUSE NOW IS THE TIME FOR US TO ROLL UP OUR SLEEVES AND DO WHAT HAS TO BE DONE, DESPITE AN ENVIRONMENT OF OVERWHELMING PERSONAL AND NATIONAL TRAGEDY.

THE NEXT FEW YEARS -- A DECADE OR TWO -- WILL NOT BE EASY. BUT WE'LL MAKE IT ... ALL OF US MUST MAKE IT -- TOGETHER.

THANK YOU.

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