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Current Crisis in AIDS
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It had been but two days since I had last addressed a public audience on the AIDS epidemic.

I opened this talk grateful for the opportunity to meet with, and pleased to honor an invitation from my good friend and their president, Dick Schweiker, who as Secretary of Health and Human Services, supported me so well during the difficult time of waiting for my confirmation as Surgeon General. I made reference to the things that I had done with the insurance industry, especially in the matter of smoking. I referred to the fact that smoking was still the leading cause behind the three major killers of American life: heart disease, cancer, and stroke and that it was not just a casual habit, as my most recent report to Congress indicated: nicotine is an addictive drug that operates in much the same way as other addictive drugs, such as cocaine and heroin.

The tobacco industry was more upset with my addiction report than with anything else I did in Washington. I made it clear to the insurance folks that I was upset too: that they would knowingly be selling a product whose major ingredient was an addictive substance. I then moved on to AIDS, which was really the reason that I was there.

Because these were people involved with life insurance, I called attention to the fact that the AIDS epidemic had been heaviest among those Americans who were outside the traditional system of health care in this country – not our familiar patients. They didn't have a family physician that had known and cared for them over the years and they were rarely covered by any type of insurance either. The numbers I was talking about might have been as high as 35 million Americans who were beyond the reach or outside the reach of the mainstream American health and social services.

Not wishing to be misunderstood, I made it clear that these 35 million individuals did not engage in high-risk behavior and therefore, most of them would not contract AIDS. Nevertheless, the situation with AIDS was still bad; the epidemic showed no signs of abating.

I then turned to the small minority, many of them uninsured, who were culturally and socially isolated and who did engage in some form of high-risk behavior and therefore at great risk of catching AIDS, if they were not already infected.

Then, I went through the litany of people who were engaged in high-risk behavior and what that really meant to the spread of the AIDS virus. This was the first time that I pointed out that AIDS cases were rising among I.V. drug abusers and falling among homosexual and bisexual males: for example, the latter group comprised 66 per cent of the 1987 caseload, but only 56 per cent of the present caseload, that year.

I turned my attention then to another group that was HIV positive and was outside the reach of orthodox medicine -- about 2,000 women, mainly, but not exclusively, prostitutes. This was another group not commonly found on the patient rolls of most practicing physicians. There were as many heterosexual showing up in the monthly AIDS totals as was the case the previous year. That, I called a very ominous sign, and certainly time proved that to be an understatement.

That made it possible to move into the sad situation of newborns with AIDS and the disproportionate of numbers of persons with AIDS who were Black or Hispanic. I noted that the black community – as a community – was beginning to feel overwhelmed by the AIDS problem. Despite the very small number of Blacks who were at risk, AIDS came on top of an epidemic of Black-on-Black homicide, of drugs, as well as the chronic deficits they experienced in housing, employment, education, and health care.

Then I philosophized a little bit on the problems just previously stated and put an optimistic spin on the situation. In AIDS, one of our greatest enemies was fear, and that meant fear of almost everything from the virus to the stigma, to the affects of AIDS on the social compact that has held us together, and of course, the affect of AIDS on the health care system, and the people who make our health care system work.

I closed on the note of understanding that the life insurance people, with whom I spoke, understood the predicament we were in and that I looked forward over the next decade working with them to see the end of some of these aforementioned problems.

The user of this archive is not to confuse the title of this AIDS lecture with other titles of lecture with a similar ring to them. This presentation to the life insurance community was quite different and spoke to things they understood better than most people. Because, I have enumerated a number of these things in this introduction to this lecture, there will be no index.