

ADDRESS

"EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT AIDS"

BY

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

I APPRECIATE THIS OPPORTUNITY TO SPEAK WITH YOU ABOUT A RELATIVELY NEW AND VERY SERIOUS PUBLIC HEALTH MATTER WHICH AFFECTS ~~OUR~~ OUR COUNTRY ~~AMERICA~~ -- AND INDEED THE REST OF THE WORLD.

I'M TALKING ABOUT AIDS.

LET ME TAKE JUST A MOMENT TO BRING YOU UP TO DATE ON THIS ISSUE. AND THEN I WANT TO EXPLORE SOME OF THE KEY QUESTIONS THAT AIDS POSES TO OUR SOCIETIES TODAY...AND TOMORROW.

FIRST...A LITTLE HISTORY ~~AMERICA~~

ALMOST SIX YEARS AGO, IN JUNE 1981, THE PUBLIC HEALTH SERVICE PUBLISHED THE FIRST REPORTS OF FIVE CASES OF PNEUMOCYSTIS CARINII PNEUMONIA IN LOS ANGELES.

NOW, FIVE CASES AREN'T MUCH...BUT THIS LETHAL DISEASE IS SO RARE THAT A HANDFUL OF CASES IN A SINGLE YEAR IS LIKE AN EPIDEMIC. ALSO, AS THE EDITOR OF THE MORBIDITY AND MORTALITY WEEKLY REPORT, OR M.M.W.R., OBSERVED AT THE TIME...

"THE OCCURRENCE OF PNEUMOCYSTIS IN THESE 5 PREVIOUSLY HEALTHY INDIVIDUALS WITHOUT A CLINICALLY APPARENT UNDERLYING IMMUNODEFICIENCY IS UNUSUAL."

SOON, THERE WERE SIMILAR REPORTS TRICKLING IN FROM OTHER CITIES AS WELL. THEN, A MONTH LATER, ~~THE EDITOR OF THE M.M.W.R. PUBLISHED A~~

IT WAS

REPORTED THAT 26 YOUNG MEN HAD BEEN ~~RECENTLY~~  
DIAGNOSED AS HAVING KAPOSII'S SARCOMA, "AN  
UNCOMMONLY REPORTED MALIGNANCY" USUALLY FOUND --  
IF AT ALL -- AMONG ELDERLY MEN.

~~AND IN THE JULY ISSUE OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION~~

~~JULY~~ ISSUE, THESE 26 YOUNG MEN, LIKE THOSE FIRST  
5 IN LOS ANGELES WITH PNEUMOCYSTIS, WERE YOUNG  
HOMOSEXUALS. ~~AND IN THE JULY ISSUE, THE~~  
THERE WERE  
~~RECENTLY~~ 10 NEW REPORTS OF  
PNEUMOCYSTIS...AND ALL OF THEM INVOLVED YOUNG  
HOMOSEXUALS, ALSO.

PUBLIC HEALTH INVESTIGATORS THEN REPORTED  
THAT PEOPLE WERE NOT ONLY SICK WITH THESE VERY  
DANGEROUS DISEASES...THEY WERE DYING OF THEM.

- 4 -

FOR SOME MYSTERIOUS REASON, THEIR BODIES  
WERE NOT FIGHTING BACK.

APPARENTLY THESE VICTIMS HAD ACQUIRED SOME  
KIND OF "BUG" -- A VIRUS, MOST LIKELY -- THAT  
ATTACKED AND DESTROYED THEIR NATURAL IMMUNE  
SYSTEMS.

MEDICINE HAD NEVER COME UPON A SYNDROME  
QUITE LIKE IT BEFORE. WE GAVE IT A LONG  
TITLE: THE "ACQUIRED IMMUNE DEFICIENCY  
SYNDROME." BUT WE SOON SETTLED JUST FOR THE  
INITIALS...A.I.D.S. ...OR "AIDS."

AND IT'S BEEN AIDS EVER SINCE.

YOU'VE READ THE STORIES AND HAVE SEEN IT ON TELEVISION, I'M SURE, SO I WON'T GO THROUGH THE WHOLE HISTORY ALL OVER AGAIN. INSTEAD, I'LL JUST TOUCH ON A FEW KEY POINTS:

FIRST OF ALL, WE'RE TALKING ABOUT A DISEASE THAT IS SPREADING AND IS FATAL. IT NOW TAKES *1 LITTLE MORE THAN*  A YEAR IN THE U.S. FOR THE NUMBER OF VICTIMS TO DOUBLE. FOR EXAMPLE, AT THE END OF 1985, WE HAD A CUMULATIVE TOTAL OF ABOUT 19,000 REPORTED CASES. TODAY THE TOTAL NUMBER OF AIDS VICTIMS IS CLOSE TO <sup>4200</sup> . *MORE THAN 24000*  OF THEM HAVE ALREADY DIED OF THE DISEASE...AND THE REST PROBABLY WILL.

THIS YEAR WE EXPECT TO ADD ANOTHER 23,000. AND BY THE END OF 1990 THE CUMULATIVE TOTAL WILL BE OVER A QUARTER OF A MILLION.

SECOND POINT: EVEN THOUGH SCIENTISTS HAVE HAD A LOOK AT THE AIDS VIRUS, WE STILL DON'T KNOW PRECISELY WHAT IT IS.

IN 1984 THE SEARCH WAS NARROWED DOWN TO SOMETHING CALLED A "HUMAN RETROVIRUS." THE SCIENTISTS AT THE NATIONAL CANCER INSTITUTE WERE EVEN ABLE TO PIN-POINT A SPECIFIC ONE. THEY CALLED IT THE "HUMAN T-CELL LYMPHOTROPIC VIRUS TYPE III," OR SIMPLY "HTLV-III."

THE SAME VIRUS SHOWED UP IN THE WORK OF THE PASTEUR INSTITUTE, WHERE IT BECAME KNOWN AS THE "LYMPHADENOPATHY-ASSOCIATED VIRUS," OR "LAV." SCIENTISTS NOW AGREE TO CALL IT BY THE SINGLE COMMON NAME OF "HUMAN IMMUNODEFICIENCY VIRUS," OR "H.I.V."

THE ABILITY TO RECOGNIZE THE VIRUS WAS A VERY IMPORTANT DEVELOPMENT. ONCE YOU KNOW WHERE THE AIDS VIRUS IS, YOU CAN THEN RECOGNIZE THE PRESENCE OF ANTIBODIES SPECIFIC TO IT.

OF COURSE, THOSE ANTIBODIES AREN'T VERY EFFECTIVE, BUT THEY'RE PRESENT NEVERTHELESS.



AS OF 1985 WE'VE HAD A TEST THAT CAN DETECT THE PRESENCE OF THESE ANTIBODIES IN A PERSON'S BLOODSTREAM. BEFORE THE TEST WAS DEVELOPED, THE AIDS ANTIBODIES WERE TURNING UP IN ABOUT 4 OR 5 UNITS OF BLOOD PER 10,000 UNITS. NOW, SINCE BLOOD SCREENING WAS BEGUN, THAT FIGURE HAS ~~BEEN~~ <sup>SETLED</sup> ~~BEEN~~ <sup>BETWEEN 4 AND 10</sup> ~~BEEN~~ <sup>AT</sup> ~~BE~~ <sup>AT</sup> ~~BE~~ <sup>AT</sup> UNITS PER 1 MILLION UNITS OF TRANSFUSED BLOOD. AND, AS YOU KNOW, I'M SURE, THAT'S AS CLOSE TO PERFECT AS YOU CAN GET IN THIS KIND OF SERVICE.

ON THE BASIS OF SUCH TESTING, PLUS OTHER EPIDEMIOLOGICAL DATA, WE THINK THERE ARE BETWEEN A MILLION AND A MILLION-AND-A-HALF AMERICANS WALKING AROUND WITH THE AIDS VIRUS IN THEIR

SYSTEMS. ALTHOUGH, HONESTLY, IT COULD BE  
400,000 TO 4 MILLION.

THEY HAVE THE VIRUS...BUT THEY AREN'T YET  
SICK WITH AN AIDS-RELATED DISEASE, SUCH AS  
PNEUMOCYSTIS CARINII PNEUMONIA OR KAPOSI'S  
*OR ANY OTHER OPPORTUNISTIC INFECTION*  
SARCOMA OR ~~THEY AREN'T YET SICK WITH AN AIDS-RELATED DISEASE~~  
~~HEREIN~~  
~~HEREIN~~

ONE MAJOR COMPLICATION FOR MAKING ESTIMATES  
FOR THE FUTURE IS THE LENGTH OF THE INCUBATION  
PERIOD. IT CHANGES. APPARENTLY IT CAN BE  
ANYWHERE FROM A YEAR OR SO IN SOME PEOPLE TO 10  
YEARS IN OTHERS. SO WE STILL CAN'T PREDICT  
WHICH PERSON CARRYING THE AIDS VIRUS WILL OR  
WILL NOT GET AN AIDS-RELATED DISEASE.

BUT IT'S NOT A 50-50 RISK. THE ODDS ARE WORSE THAN THAT. THE POSSIBILITY OF BEING OVERCOME BY AN INFECTIOUS DISEASE OF SOME KIND IS VERY, VERY HIGH. IN FACT, SOME RESEARCHERS NOW FEEL THAT ANYONE WITH THE AIDS VIRUS WILL EVENTUALLY CONTRACT AN AIDS-RELATED DISEASE IF HE LIVES LONG ENOUGH...AND WILL DIE FROM IT.

THERE'S OTHER RESEARCH GOING ON AS WELL, IN THE AREA OF DRUG THERAPY AND VACCINE DEVELOPMENT. IN FACT, RESEARCH NOW COMMANDS <sup>317</sup> ~~317~~ MILLION IN U.S. FEDERAL FUNDS THIS YEAR, PLUS MANY MILLIONS MORE IN STATE AND <sup>FEDERAL</sup> PRIVATE SECTOR FUNDS. <sup>RESEARCH</sup> NEXT YEAR, <sup>FEDERAL</sup> FUNDING WILL BE 413 MILLION OUT OF A TOTAL FEDERAL AIDS EXPENDITURE OF > 1 BILLION.

ONE NEW EXPERIMENTAL DRUG --  
AZIDOTHYIMIDINE, OR A.Z.T. -- HAS GONE THROUGH A  
SO-CALLED "FAST-TRACK" APPROVAL PROCESS AND IS  
NOW BEING USED TO PROLONG THE LIVES OF AIDS  
VICTIMS DYING OF PNEUMOCYSTIS CARINII PNEUMONIA.

BUT I'M AFRAID THAT'S ALL A.Z.T. DOES...IT  
PROLONGS SOME LIVES, IT DOES NOT SAVE THEM. FOR  
SAVING LIVES, WE NEED A VACCINE.

AND EVERYBODY WANTS TO KNOW WHEN AN  
EFFECTIVE VACCINE MIGHT BE AVAILABLE. I HAVE TO  
TELL THEM THAT I DON'T SEE ONE IN THE NEAR  
FUTURE.

~~FOR THE REASON WE'RE MOVING AHEAD ON THIS FRONT~~  
~~AS QUOTE UNQUOTE AS THE CASE OF THE~~ VACCINE  
DEVELOPMENT IS ONE THING THAT CANNOT BE RUSHED  
WITHOUT CREATING MORE PROBLEMS THAN WE ALREADY  
HAVE.

WE NEED TO REMEMBER, FOR EXAMPLE, THAT IT  
TOOK 17 YEARS TO DEVELOP THE HEPATITIS B  
VACCINE...AND THAT WAS A COMPARATIVELY EASY  
VIRUS TO UNDERSTAND.

NOW FOR MY THIRD POINT:

WE DON'T KNOW VERY MUCH ABOUT AIDS...BUT WE  
DO KNOW --WITH COMPLETE CERTAINTY -- THAT THE  
AIDS VIRUS TENDS TO CONCENTRATE IN BODY FLUIDS

WHICH ALSO CARRY LARGE CONCENTRATIONS OF INFECTED LYMPHOCYTES.

IN MOST BODY FLUIDS -- SUCH AS TEARS, SALIVA, AND PERSPIRATION, FOR EXAMPLE -- THE VIRUS PARTICLE COUNT IS VERY LOW OR ABSENT ALTOGETHER. ON THE OTHER HAND, LARGE NUMBERS OF VIRUS PARTICLES ARE FOUND IN BLOOD AND SEMEN.

THIS IS ONE OF THE MOST IMPORTANT PIECES OF INFORMATION WE HAVE SO FAR. IT EXPLAINS, FOR EXAMPLE, WHY THE INITIAL ALARM ABOUT AIDS WAS SOUNDED AMONG HOMOSEXUALS AND BISEXUAL MEN.

*RECTAL INTERCOURSE OR SODOMY*

~~RESEARCH~~ AMONG THESE MEN NOT ONLY PRODUCE SEMEN BUT MAY ALSO CAUSE SOME BLEEDING. AND, AGAIN, BLOOD AND SEMEN ARE THE ONLY TWO BODY FLUIDS THAT CARRY -- AND TRANSMIT -- HIGH ENOUGH CONCENTRATIONS OF THE LIVE AIDS VIRUS.

THE BIOPHYSICAL PECULIARITIES OF THE AIDS VIRUS ALSO EXPLAIN WHY 25 PERCENT OF ALL AIDS CASES ARE INTRAVENOUS DRUG ABUSERS WHO USE CONTAMINATED NEEDLES AND OTHER PARAPHERNALIA THEY'VE BORROWED FROM OTHER ADDICTS WHO HAVE AIDS. THIS GROUP INCLUDES DRUG ABUSERS WHO ARE HOMOSEXUALS, ALSO.

WHEN WE FIRST BEGAN TO CONFRONT THE AIDS EPIDEMIC, THE PEOPLE AT HIGHEST RISK WERE EITHER HOMOSEXUALS AND BISEXUAL MEN AND I.V. DRUG ABUSERS, MALE AND FEMALE. I'M AFRAID THEY STILL ARE: 9 OF EVERY 10 CASES INVOLVE THESE KINDS OF INDIVIDUALS.

BUT NOWADAYS WE'RE RECEIVING MORE AND MORE REPORTS OF THE AIDS VIRUS OCCURRING AMONG HETEROSEXUAL MEN AND WOMEN WHO ARE NOT I.V. DRUG ABUSERS. IN FACT, THEIR HETEROSEXUAL ACTIVITY SEEMS TO BE THEIR ONLY RISK FACTOR.

~~AS OF LAST WEEK~~, 4 PERCENT OF ALL REPORTED AIDS CASES IN THE U.S. ~~WAS~~ <sup>ARE</sup> OF SUCH HETEROSEXUAL MEN AND WOMEN...A PERCENTAGE, BY THE WAY, THAT'S CLIMBING. *SLOWLY*



ANOTHER CONCERN IS THE RISE IN AIDS AMONG  
BLACKS AND HISPANICS. BLACKS ACCOUNT FOR 12  
PERCENT OF THE U.S. POPULATION, BUT THEY ACCOUNT  
FOR 25 PERCENT OF ALL AIDS CASES. SIMILARLY,  
HISPANICS ACCOUNT FOR 6 PERCENT OF THE U.S.  
POPULATION, BUT THEY ACCOUNT FOR 14 PERCENT OF  
ALL AIDS CASES. 95% OF THE NEGROES BORN  
& AIDS ARE BLACK OR HISPANIC  
SO THE DEMOGRAPHY OF THIS DISEASE IS  
BECOMING AS COMPLEX AS THE DISEASE ITSELF.

AND THAT LEADS ME TO MY FOURTH POINT: OUR  
SINGLE DEFENSE AGAINST THIS DISEASE FROM THE  
VERY BEGINNING HAS BEEN INFORMATION AND  
EDUCATION. AND IT STILL IS.

OVER THE PAST 5 YEARS, WE'VE BEAMED INFORMATION ALMOST EXCLUSIVELY TO HOMOSEXUALS AND BISEXUAL MEN AND, WHEREVER POSSIBLE, TO DRUG ABUSERS. AMONG HOMOSEXUALS, THIS CAMPAIGN SEEMS TO HAVE BEEN EFFECTIVE...THEIR SEXUAL BEHAVIOR HAS APPARENTLY CHANGED.

~~I AM ADVISED THAT THERE'S BEEN A NOTICEABLY SHARP DROP IN THE NUMBERS OF MEN TAKING PART IN WHOLESALE ANONYMOUS PROMISCUOUS SEX~~

~~AS A RESULT,~~ A DECLINE IS ALREADY OCCURRING IN THE INCIDENCE OF OTHER SEXUALLY TRANSMITTED DISEASES AMONG HOMOSEXUAL MEN, SUCH AS GONORRHEA, HEPATITIS B., AND SYPHILIS.

BUT STRANGE TO REPORT IN THE MIDST OF THIS EDUCATIONAL PROGRAM, IN HERETROSEXUALS THE ~~NO~~ NUMBER OF CASES OF SYPHILIS + GONORRHEA HAVE BEEN CLIMBING - AND CHIEFLY IN YOUNG PEOPLE

18

AIDS ENTERED THE HETEROSEXUAL  
COMMUNITY FROM THE HOMOSEXUALS BY WAY  
OF BISEXUAL MEN AND THE SEXUAL  
PARTNERS OF IV DRUG ABUSER

THAT WAS THE BASIS FOR THE SURGEON  
GENERAL'S REPORT ON AIDS, WHICH I RELEASED LAST  
OCTOBER. LET ME TAKE JUST A MINUTE HERE TO  
EXPLAIN HOW THAT REPORT CAME ABOUT.

EARLY IN FEBRUARY 1986, PRESIDENT REAGAN  
INSTRUCTED ME TO PULL TOGETHER EVERYTHING WE  
KNEW ABOUT AIDS AND PUT IT INTO A PLAIN-ENGLISH  
REPORT TO THE AMERICAN PEOPLE.

THE PRESIDENT WAS CONCERNED THAT THERE WAS STILL TOO MUCH CONFUSION AMONG THE AMERICAN PEOPLE ABOUT THE NATURE OF THIS THREAT TO PUBLIC HEALTH. HE ASKED ME TO DO WHAT I COULD TO SET THE RECORD STRAIGHT.

FOR THE NEXT 8 MONTHS I MET WITH CONCERNED INDIVIDUALS AND GROUPS FROM ACROSS THE SPECTRUM OF SOCIETY...HEALTH, EDUCATION, THE CHURCHES, CIVIL RIGHTS GROUPS.

THEY WERE ALL EXTRAORDINARILY CANDID AND HELPFUL.

AFTER 8 MONTHS OF LISTENING AND WRITING, I  
DELIVERED BY REPORT TO THE CABINET AND TO THE  
PRESIDENT. IT WAS ACCEPTED...AND I RELEASED IT  
TO THE AMERICAN PEOPLE ON OCTOBER 22, 1986.

*IF YOU DO NOT HAVE A COPY 800-342-AIDS*

I WANT TO ASSURE YOU THAT AT NO TIME HAVE I  
HAD ANY MISGIVINGS ABOUT ANYTHING I WROTE.

THERE IS MUCH SCIENTIFIC AND PUBLIC HEALTH  
INFORMATION IN THAT REPORT, BUT ON THE  
BEHAVIORAL SIDE, THERE WERE JUST THREE MESSAGES  
THAT ARE VITALLY IMPORTANT:

THE FIRST MESSAGE IS SIMPLE ENOUGH. IT  
SAYS THAT THE BEST DEFENSE AGAINST AIDS IS TOTAL  
ABSTINENCE FROM SEXUAL RELATIONS.

I THINK THAT'S PRECISELY THE RIGHT MESSAGE TO GIVE TO OUR CHILDREN -- AIDS OR NO AIDS. BUT ADULTS ARE AT RISK, ALSO, AND A RECOMMENDATION OF TOTAL ABSTINENCE FOR THE ENTIRE POPULATION IS, TO SAY THE LEAST, UNREALISTIC.

HENCE, MY SECOND MESSAGE IS THIS:

FIND SOMEONE WHO IS WORTHY OF YOUR RESPECT AND YOUR LOVE...GIVE THAT PERSON BOTH...AND STAY FAITHFUL TO HIM OR HER.

IN OTHER WORDS, SHORT OF TOTAL ABSTINENCE, THE BEST DEFENSE AGAINST AIDS IS TO MAINTAIN A FAITHFUL, MONOGAMOUS RELATIONSHIP IN WHICH YOU HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

MUTUALLY FAITHFUL MARRIAGES HAVE MANY MORE POSITIVE THINGS TO ENHANCE ONE'S LIFE, THAN THE MERE PREVENTION OF A S.T.D.; EVEN A LETHAL ONE LIKE AIDS

MY THIRD MESSAGE IS FOR PEOPLE WHO AREN'T ABSTINENT BUT DON'T YET HAVE A FAITHFUL MONOGAMOUS RELATIONSHIP...FOR WHATEVER REASON. *AND HOW CAN YOU KNOW* UNLESS YOU KNOW WITH ABSOLUTE CERTAINTY THAT NEITHER YOU NOR YOUR PARTNER IS CARRYING THE AIDS VIRUS, YOU MUST USE CAUTION.

FROM THE VIEWPOINT OF EPIDEMIOLOGY, WHEN YOU HAVE SEX WITH SOMEONE, YOU'RE ALSO HAVING SEX WITH EVERYONE ELSE WITH WHOM THAT PERSON HAS HAD SEX.

AND, WHEN YOU CONSIDER THE LONG INCUBATION PERIOD FOR THE AIDS VIRUS, WE'RE TALKING ABOUT THAT PERSON'S HISTORY OF SEXUAL RELATIONS GOING BACK 5 YEARS OR PERHAPS LONGER. - IF YOU DON'T LISTEN TO THOSE 2 GOOD HEALTH MESSAGES AND IF YOU DO DECIDE TO HAVE SEX WITH SOMEONE AND YOU ARE NOT ABSOLUTELY CERTAIN ABOUT HIS OR HER SEXUAL HISTORY, THEN -- IF YOU'RE A MAN -- USE A CONDOM FROM START TO FINISH. IF YOU'RE A WOMEN, MAKE SURE YOUR MALE PARTNER USES A CONDOM...AGAIN, FROM START TO FINISH.

A CONDOM WON'T PROVIDE 100 PERCENT PROTECTION -- FEW THINGS IN LIFE DO -- BUT SO FAR IT SEEMS TO BE THE BEST PROTECTION AVAILABLE. A SPERMICIDE - NO NOXINOL 9 - ADDS FURTHER PROTECTION



23A

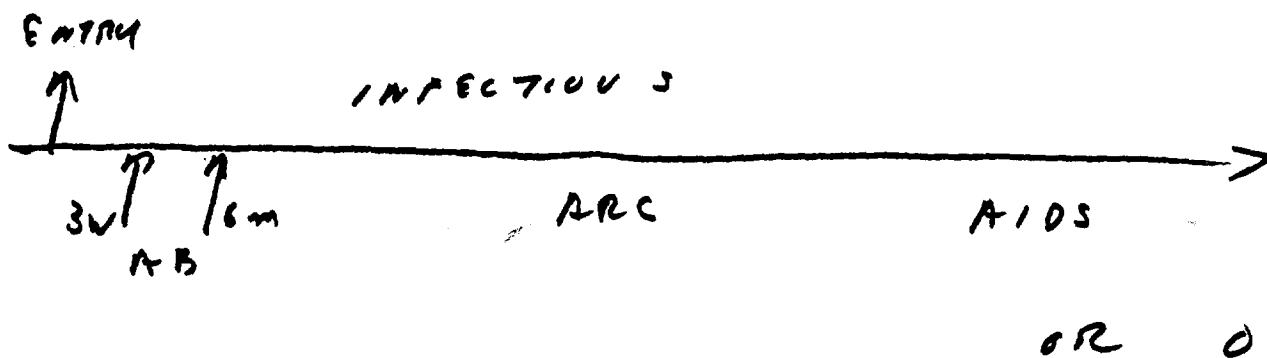
NOW I HAVE BEEN CRITICIZED, CASTIGATED,  
MISREPRESENTED, VILIFIED BY FORMER FRIENDS  
AND COLLEAGUES FOR SAYING THAT BIT ABOUT  
CONDOMS.

I HAVE NEVER RECOMMEND CONDOMS WITHOUT  
GOING THRU THE LITANY YOU JUST HEARD  
ABSTINENCE - MONAGAMY - AND A POOR  
THIRD CHOICE - CONDOMS.

I WAS NOT APPOINTED S. G. OF A PORTION  
OF THE CITIZENS BUT OF ALL THE PEOPLE.  
I AM MANDATED TO DELIVER THE MESSAGE OF  
HEALTH TO EVERY ONE - EVEN IF I DO  
NOT APPROVE OF THEIR BEHAVIOR



LET ME MAKE THE BEHAVIOR OF  
THIS VIRUS CLEAR



**THE DIFFERENCES OF OPINION IN THE U.S.**

**SWIRL AROUND:**

**O SEX EDUCATION FOR THE YOUNG, AND**

**O HOW TO BEST PROTECT INDIVIDUALS WHO ARE  
HIV POSITIVE, OR HAVE AIDS, FROM  
UNWARRANTED DISCLOSURE AND  
DISCRIMINATION, WHILE PROTECTING THE  
PUBLIC FROM INFECTION. ?**

- HOW TO CONTAIN AN EPIDEMIC?
- STIGMA
- CONFIDENTIALITY.

## EXAMPLE

- DISCRIMINATION
- CONFIDENTIALITY VS NEED TO KNOW

PRE MARITAL TESTING

CURRENT CONTROVERSY [REDACTED] IS BETWEEN THOSE WHO FAVOR MANDATORY TESTING AND THOSE WHO DO NOT. THE MOTIVATION OF THE FORMER GROUP IS MIXED, MOST OF THE PUBLIC HEALTH PEOPLE ADHERE TO THE LATTER STANCE.

THE TWO AREAS OF MOST HEATED CONTROVERSY ARE PREMARITAL TESTING AND THE TESTING OF HOSPITAL ADMISSIONS.

HIGH RISK PEOPLE ARE USUALLY NOT GETTING MARRIED IN THE UNITED STATES. THE OLD LAWS PERTAINING TO MARRIAGE LICENSES AND TESTING FOR SYPHILIS ARE NOT APPLICABLE BECAUSE FOR SYPHILIS THERE WAS A CURE; THERE IS NO SUCH THING

AVAILABLE FOR AIDS. SEVENTY-FIVE PERCENT OF  
 THOSE GETTING MARRIED HAVE ALREADY BEEN LIVING  
 TOGETHER. THE COSTS OF SUCH TESTING IS  
 EXORBITANT IN REFERENCE TO THE NUMBER OF CASES  
 FOUND, AFTER WHICH THERE IS NO PROGRAM AVAILABLE  
 EXCEPT EDUCATION. IT IS ESTIMATED THAT IN THE  
 STATE OF NEW HAMPSHIRE, ~~ADDITIONAL LEGISLATION~~  
 WHERE SUCH A LAW WAS  
 NOT PASSED THAT IT  
 WOULD COST \$100,000 TO FIND A SINGLE HIV  
 INFECTED PERSON IN PREMARITAL SCREENING.

~~THE TESTING OF HOSPITAL ADMISSIONS IN~~

MANDATORY FASHION IS OPPOSED BY MOST PUBLIC  
 HEALTH AUTHORITIES. A COMPROMISE PLAN IS UNDER  
 DISCUSSION WHERE ONLY SURGICAL ADMISSIONS WOULD  
 BE ~~MANDATORILY~~ TESTED IN ORDER TO REDUCE THE



ONLY ONE STATE - ILLINOIS

3,8 mil  
 9000  
 1400  
 +  
 100,000,000

AND NOW, AS THE TITLE OF MY REMARKS TODAY WOULD INDICATE, I WANT TO SPEND A FEW MOMENTS REVIEWING FOR YOU -- ALBEIT IN A BRIEF MANNER -- SOME OF THE OTHER DIFFICULT CHOICES THAT LIE AHEAD OF US, RELATIVE TO THE PANDEMIC OF AIDS.

FIRST, LET ME REMIND YOU THAT THE THREE ASPECTS OF AIDS THAT COLOR EVERYTHING DONE AND SAID ABOUT THE DISEASE ARE, ONE, THAT IT IS STILL A MYSTERY...TWO, THAT IT IS FATAL...AND THREE, THAT PEOPLE GET AIDS BY DOING THINGS THAT THE MAJORITY OF PEOPLE DON'T DO AND DON'T LIKE.

WE NEED TO KEEP THESE THREE ASPECTS OF THE DISEASE IN MIND, BECAUSE THEY, IN COMBINATION, TRULY OBSCURE THE MANY SCIENTIFIC ISSUES SURROUNDING AIDS AND, INSTEAD, SWING OUR ATTENTION TO THE MORE SENSITIVE AND VOLATILE ISSUES OF LAW, ETHICS, ECONOMICS, MORALITY, AND SOCIAL COHESION THAT SURROUND AIDS.

FOR EXAMPLE, WE ARE ALREADY WITNESSING THE ASSAULT BY THIS DISEASE UPON THE ETHICAL FOUNDATION OF HEALTH CARE ITSELF.

DESPITE THE SENSIBLE AND RATHER ELEMENTARY GUIDELINES ISSUED TO THE HEALTH PROFESSIONS BY OUR CENTERS FOR DISEASE CONTROL, WE STILL HEAR -- EVERY DAY -- OF PHYSICIANS, DENTISTS, NURSES, AND OTHER HEALTH PERSONNEL WHO REFUSE TO TREAT PERSONS WITH AIDS...OR EVEN TO TREAT PERSONS WHOM THEY SUSPECT OF HAVING AIDS.

LET ME QUICKLY ADD THAT THIS IS NOT CHARACTERISTIC OF HEALTH PROFESSIONALS BY ANY MEANS. ON THE CONTRARY, THE OVERWHELMING MAJORITY OF MY COLLEAGUES HAVE PROVIDED -- AND WILL CERTAINLY CONTINUE TO PROVIDE -- QUALITY, COMPASSIONATE CARE TO PERSONS DYING OF AIDS.

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

WELL, WHAT SHOULD WE DO ABOUT THAT?

I THINK THAT'S AN IMPORTANT QUESTION, BECAUSE HEALTH CARE IN THIS COUNTRY HAS ALWAYS BEEN PREDICATED ON THE ASSUMPTION THAT -- SOMEHOW -- EVERYONE WHO NEEDS HEALTH CARE WILL RECEIVE HEALTH CARE. AND NO ONE WILL BE TURNED AWAY.

AS A PHYSICIAN -- AND AS AN AMERICAN -- I'M PROUD TO BE PART OF A TRADITION OF CARE 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. THEIR CONDUCT THREATENS THE VERY FABRIC OF HEALTH CARE IN THIS COUNTRY.

ONE DAY SOON, WE WILL HAVE TO CONFRONT THAT ISSUE AND COME UP WITH SOME GOOD ANSWERS. OTHERWISE THE VIRUS OF AIDS WILL FURTHER WEAKEN THE ETHICS OF MEDICAL PRACTICE IN THE UNITED STATES. AND THAT WOULD BE ANOTHER AND JUST AS DEADLY A KIND OF EPIDEMIC FOR OUR SOCIETY.

A RELATED ISSUE CONCERNS THE COST OF CARE FOR AIDS PATIENTS: WHO SHOULD PAY THOSE THAT COSTS?

AS YOU KNOW, WE HAVE A MIXED SYSTEM OF SUPPORT FOR HEALTH CARE IN THIS COUNTRY: PRIVATE METHODS OF PAYMENT EXIST SIDE-BY-SIDE WITH PUBLICLY SUPPORTED SYSTEMS OF REIMBURSEMENT FOR CARE.

THE AMERICAN TAXPAYER SUPPORTS MATERNAL AND CHILD HEALTH PROGRAMS, FOR EXAMPLE, AND DIABETES CONTROL AND HYPERTENSION SCREENING PROGRAMS. TAXPAYERS ALSO SUPPORT PROGRAMS FOR ALCOHOLICS, DRUG ADDICTS, AND SYPHILITICS.

ALL SUCH PROGRAMS ARE PART OF OUR GOVERNMENT'S TOTAL COMMITMENT TO PROVIDE FOR "THE GENERAL WELFARE OF THE UNITED STATES," AS THE CONSTITUTION INSTRUCTS IN ARTICLE 1, SECTION 8. THAT INSTRUCTION, BY THE WAY, IS 200 YEARS OLD. <sup>THOSE WHO WROTE IT...</sup> GOOD FOR ~~HE~~...AND GOOD FOR US.

THOSE PROGRAMS THAT MORE OR LESS CLEAN UP AFTER PEOPLE WHO BEHAVE POORLY ARE NOT REALLY EXPENSIVE PROGRAMS. IN ADDITION, THEY ARE GEARED TO BRING -- OR TO BRING BACK -- MEN, WOMEN, AND CHILDREN TO A STATE OF GOOD HEALTH.

BUT AIDS IS ESPECIALLY DIFFICULT. IT ALSO IS A DISEASE THAT A PERSON CONTRACTS USUALLY AS A RESULT OF HIGH-RISK BEHAVIOR. LET'S FOR THE MOMENT DISREGARD THE FEW REMAINING CASES INVOLVING TRANSFUSED BLOOD OR BLOOD PRODUCTS OR THE SMALL NUMBER OF BABIES BORN WITH AIDS.

*WHAT MOST OF OUR CITIZENS CALL*

AIDS IS LINKED TO QUESTIONABLE BEHAVIOR. THE WAY DRUG ADDICTION, LIVER FAILURE, AND LUNG CANCER ARE CAUSALLY LINKED TO POOR INDIVIDUAL JUDGMENTS.

BUT THE TREATMENT OF AIDS PATIENTS IS PROVING TO BE VERY EXPENSIVE. IT IS BOTH TECHNOLOGY- AND LABOR-INTENSIVE AND CAN BE AS MUCH AS \$50,000 PER YEAR -- AND MORE -- FOR SOME PATIENTS.

BUT, AFTER CONSUMING TENS OF THOUSANDS OF DOLLARS WORTH OF MEDICAL CARE AND SOCIAL SERVICES...THE AIDS PATIENT DIES.

THE AIDS CASE-LOAD IS CLIMBING. BETWEEN AUGUST OF 1986 AND THIS PAST AUGUST, THERE WERE SOME 14,000 NEW CASES OF AIDS REPORTED.

BY THIS TIME NEXT YEAR, WE EXPECT THERE WILL BE AN ADDITIONAL 15-16,000 NEW CASES.

WILL THE AMERICAN PEOPLE CONTINUE TO SUPPORT HIGH-COST PATIENT CARE FOR PEOPLE WITH AIDS? OR WILL THEY ASK FOR RELIEF AND SUPPORT A KIND OF "SECOND-CLASS CARE" FOR AIDS PATIENTS?

HOW SHOULD WE RESPOND TO SUCH A DEVELOPMENT? IT'S A VERY TROUBLING POSSIBILITY BECAUSE IT WOULD DRIVE THE FIRST SMALL WEDGE INTO THE FOUNDATIONS OF HEALTH CARE POLICY IN THIS COUNTRY. WE'VE NEVER ACCEPTED THAT BEFORE. WOULD WE ACCEPT IT NOW?

THEN THERE IS THE ISSUE OF "INDIVIDUAL PRIVACY VERSUS THE NEED TO PROTECT THE COMMUNITY FROM DANGER."

INTERNATIONAL

FUTURE OF U.S.

NO HETEROSEXUAL EXPLOSION

~~AREAS, MEDICAL STAFFS ACKNOWLEDGE THAT THEY ARE NOT GIVING THE BEST CARE TO SOME PATIENTS BECAUSE OF FEAR OF HIV POSITIVITY AND IT IS KNOWN TOO THAT SOME CLASSES OF PATIENTS POST OPERATIVELY DO NOT DO AS WELL IF THEY ARE HIV POSITIVE.~~

OUR ONLY HOPE AS A NATION -- INDEED AS A CIVILIZATION -- IS THAT WE ALL DO OUR PART TO STOP THE SPREAD OF AIDS...THAT WE WILL PROTECT AND SAVE THE LIVES OF PEOPLE AT RISK.

THAT'S A TALL ORDER -- AND THERE ARE MANY SAYING IT CAN'T BE DONE.

BUT, THEY'RE WRONG.

- 39 -

I THINK WE WILL EVENTUALLY AGREE ON THE  
TASKS THAT REALLY MATTER -- AND GET THEM DONE.

MY PERSONAL HOPE IS THAT I'LL STILL BE  
AVAILABLE TO HELP!

THANK YOU.