CURRENT ISSUES IN AIDS

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

I APPRECIATE THIS OPPORTUNITY TO TALK WITH THE MEDIES 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.

PUT ALMOST FROM BEGINNING OF MY TERM IN OFFICE, SOME 7

YEARS AGO, I RECOGNIZED THAT THE AMERICAN SOUNCIL 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 SMEMBER GOMPANIES AND HAD HELPED ESTABLISH THE ADVISORY COUNCIL ON EDUCATION FOR HEALTH, WITH ITS STRONG ANTI-SMOKING ORIENTATION.

THAT PROFIT BY IT FINANCIALLY

HEE ECEMIDABLE ADVERSABLES

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

INSURANCE COMPANIS

SIGNIFICANCE FOR YOUR OWN BUSINESS OF THE HEALTH HAZARDS OF SMOKING, AND, THEREFORE, MANY CONTINUED HAVE GIVEN APPROPRIATE RECOGNITION TO NON-SMOKING POLICY-HOLDERS. I'M TOLD THAT WELL OVER 100 CONTINUED FOR 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.

4 INDUSTRY AND BUXNESS

I'M POSITIVE THAT THESE AND MANY OTHER ACTIVITIES TO THE YOUR CONTROL HAVE HAD A TREMENDOUS SALUTARY EFFECT. THE CONTROL CONTROL OF THE SALUTARY EFFECT. THE THE SA

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.

1987

BUT, AS MY 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 THE TREPORT. 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 HADUSTRY 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 THE DEAD THAT WOULD BE MANY TIMES THE CURRENT TOTAL OF THE DEAD.

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 SELECTIVEAR.

HOWEVER, THIS SAME GROUP OF DRUG ABUSERS COMPRISED 30

PERCENT OF ALL AIDS CASES REPORTED DURING THE LOCALITY PERIOD.

HAL ENDED LAST WEEK: 1985

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 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 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 <u>BEFORE</u> 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
TO 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 <u>COMMUNITY</u> -- 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.

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.

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MEXICO AS IT DOES TO

MERE MEDICAL & HEALTH PROFESIONS

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WITH AIDS — AND UNLESS

SOME MAJOR UNEXPEITED

CHANGES TAKE PLACET

THESE REMARKS WILL 13 E

MERE PERTINENT AS TIME GOES ON

MAYBE MY FEARS ARE NOT REALLY JUSTIFIED. I HOPE THEY ARE NOT. BUT THAT JUDGMENT WILL NOT COME AS A RESULT OF ANYTHING \underline{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
EMPLOYEES ... YOUR EMPLOYEES ... YOUR COST 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.

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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