

ORIGINAL

ADDRESS

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

I APPRECIATE THIS OPPORTUNITY TO SPEAK AT THIS SPECIAL JOINT MEETING. YOU HAVE QUITE A FULL SCHEDULE AHEAD OF YOU, PACKED WITH PRESENTATIONS BY A TRULY IMPRESSIVE ARRAY OF EXPERTS ON A BROAD RANGE OF AIDS-RELATED ISSUES.

I THINK THE PLANNERS OF THIS MEETING HAVE DONE AN OUTSTANDING JOB IN BRINGING TOGETHER SUCH A FACULTY. IT CERTAINLY REFLECTS A MORE THAN CASUAL INVOLVEMENT BY THE SEVERAL CO-SPONSORING AND COOPERATING ORGANIZATIONS WHO'VE MADE THIS ALL POSSIBLE:

THE AMERICAN FOUNDATION FOR AIDS RESEARCH ... THE AMERICAN SOCIETY OF LAW AND MEDICINE ... THE HARVARD SCHOOL OF PUBLIC HEALTH AND THE AIDS INSTITUTE ... THE AMERICAN PUBLIC HEALTH ASSOCIATION ... THE AMERICAN HOSPITAL ASSOCIATION ... AND MANY, MANY OTHERS.

I WISH I COULD STAY TO LISTEN TO ALL THE PRESENTATIONS, BUT I CAN'T. HOWEVER, I KNOW THERE WILL BE A VOLUME OF PROCEEDINGS, AND I LOOK FORWARD TO ITS PUBLICATION, EVEN THOUGH SUCH BOOKS USUALLY DO NOT CAPTURE THE GIVE-AND-TAKE THAT GOES ON IN A PUBLIC MEETING. SO I ENVY THOSE OF YOU WHO ARE ABLE TO STAY AND ABSORB WHAT WILL BE SAID OVER BOTH DAYS.

A PROGRAM WITH SUCH AN EMBARRASSMENT OF RICHES MAKES MY POSITION HERE A BIT AWKWARD, SINCE I DO NOT ADVERTISE MYSELF AS BEING ESPECIALLY KNOWLEDGEABLE IN PUBLIC HEALTH FINANCING ... OR IN VIROLOGY ... OR IN MODALITIES OF PATIENT CARE FOR PEOPLE WITH AIDS.

SO I WILL BE PRUDENT AND LEAVE THOSE KINDS OF ISSUES TO THE OUTSTANDING SPEAKERS AND PANELISTS COMING ALONG OVER THE REMAINDER OF TODAY AND TOMORROW.

STILL, THE ASSIGNED TITLE OF MY REMARKS THIS MORNING IS SUFFICIENTLY AWESOME TO INTIMIDATE MOST OF YOU AS WELL AS IT DOES ME: "SETTING PRIORITIES AND DEVELOPING POLICIES FOR THE NEXT DECADE."

ONE MIGHT THINK THAT THE SUBSTANCE BEHIND SUCH A TITLE WOULD MORE LIKELY BE DEDUCED OVER THE COURSE OF THIS MEETING AND THEN ANNOUNCED AT ITS CLOSE, RATHER THAN HAVE IT ALL PRESENTED AT THE VERY BEGINNING.

AND THAT WOULD CERTAINLY BE TRUE, IF I CHOSE TO DEAL WITH THESE MATTERS IN A NARROW SENSE. BUT I WON'T AND I HOPE MY REMARKS ENCOURAGE EACH OF YOU ALSO TO PURSUE MY MORE GENERAL APPROACH TO THE MATTER.

THERE WAS, AT ONE TIME, A SUGGESTION THAT THE SURGEON GENERAL BE A KIND OF "CZAR" FOR THE TOTAL GOVERNMENT EFFORT AGAINST AIDS. FORTUNATELY, IT WAS AN IDEA THAT SUDDENLY APPEARED AND JUST AS QUICKLY -- AND MERCIFULLY -- DISAPPEARED.

HENCE, I ADDRESS YOU THIS MORNING AS YOUR SURGEON GENERAL, AND I'LL SPEAK FROM THE SPECIAL PERSPECTIVE OF THAT OFFICE ... A PERSPECTIVE, I WOULD ADD, THAT MAY BE PARTICULARLY IMPORTANT AT THIS TIME IN THE BRIEF BUT CATASTROPHIC HISTORY OF THE AIDS EPIDEMIC.

I DO HAVE SOME IDEAS ABOUT POLICIES AND PRIORITIES FOR AIDS, BUT ONLY IN THE CONTEXT OF OUR OVERALL NATIONAL PUBLIC HEALTH EFFORT. AND THAT'S WHAT I WANT TO SHARE WITH YOU DURING OUR FEW MINUTES TOGETHER THIS MORNING:

IN OTHER WORDS, I WANT TO FOCUS ON THE POSITION OF THE AIDS EPIDEMIC, RELATIVE TO THE MANY OTHER PUBLIC HEALTH MATTERS ON OUR NATIONAL AGENDA.

THIS IS NOT AN EASY THING TO DO BECAUSE THE HEALTH AND WELL-BEING OF SO MANY MILLIONS OF PEOPLE ARE AT STAKE, RIGHT ACROSS THE BOARD.

ALSO -- TO MY MIND, AT LEAST -- WHILE THE AMERICAN PEOPLE ARE QUITE AWARE OF AIDS, THEY HAVE NOT YET GIVEN A CLEAR SIGNAL TO INDICATE WHAT THEY REALLY WANT TO DO ABOUT IT.

AND SO, FOR BETTER OR FOR WORSE, THOSE OF US IN PUBLIC HEALTH WHO ARE CONCERNED ABOUT THE PLANNING AND THE ORGANIZING AND THE FUNDING TO SERVE A VARIETY OF NEEDY AND WORTHY PEOPLE, TEND TO FALL BACK UPON OUR OWN PREDISPOSITIONS FOR THE ULTIMATE GUIDANCE.

IN OTHER WORDS, THE QUESTION BECOMES THIS: "HOW DO I FEEL ABOUT THE AIDS EPIDEMIC AND WHAT DO I THINK OUGHT TO BE DONE ABOUT IT?" I THINK THIS IS ESPECIALLY THE CASE AT THE STATE AND LOCAL LEVELS, WHERE THERE IS STILL MUCH AMBIVALENCE AND WHERE THE LAW AND STANDARDS OF PRACTICE AND PATIENT EXPECTATIONS ARE ALL STILL EVOLVING.

THAT'S NOT THE MOST STABLE SITUATION FOR "SETTING PRIORITIES" AFTER "DEVELOPING POLICIES" FOR THE HANDLING OF THIS EPIDEMIC. NEVERTHELESS, I THINK IT'S A CLOSE APPROXIMATION OF WHAT IS GOING ON AND I THINK WE'D DO WELL TO RECOGNIZE IT AT THE VERY BEGINNING.

IF THAT IS THE CASE -- THAT THERE IS STILL NO CLEAR SIGNAL FROM THE PUBLIC ABOUT THE AIDS EPIDEMIC -- DOES THAT MEAN WE ARE OPERATING IN A KIND OF SOCIAL AND MEDICAL LIMBO, OUTSIDE THE PERIMETER OF PUBLIC HEALTH?

NO, WE AREN'T. OR AT LEAST, WE SHOULDN'T BE. AND THAT'S MY POINT THIS MORNING.

STRICTLY SPEAKING, THE GOAL OF THE PUBLIC HEALTH SERVICE IS TO HELP -- IN CONCERT WITH THE PRIVATE SECTOR -- TO PROTECT AND IMPROVE THE HEALTH OF THE NATION.

THE PUBLIC HEALTH SERVICE DOES THIS -- WITH THE PRIVATE SECTOR -- BY DEVELOPING POLICIES, SETTING PRIORITIES, AND GUIDING IMPLEMENTATION, IN ORDER TO ASSURE THE DELIVERY OF REASONABLE CARE AT REASONABLE COST TO PREVENT ILLNESS AND DISEASE.

THE PUBLIC HEALTH COMMUNITY SEES THE ROLE OF THE PUBLIC HEALTH SERVICE IN THAT WAY, ALTHOUGH AT HAVE TIMES THEY MAY HAVE A MUCH BROADER VIEW.

NOW, LET'S LOOK AT THAT QUESTION OF PRIORITIES.

I BELIEVE THAT -- BY ANY STANDARD YOU WISH TO USE -- OUR FIRST NATIONAL PRIORITY IN PUBLIC HEALTH IS TO PROTECT AND IMPROVE THE HEALTH STATUS OF ALL PREGNANT WOMEN, NURSING MOTHERS, AND INFANTS THROUGH THEIR FIRST YEAR OF LIFE.

AS PUBLIC HEALTH PROFESSIONALS, OF COURSE, MANY OF US ARE "PREDISPOSED" TO THIS PRIORITY. BUT OVER THE YEARS THE AMERICAN PEOPLE HAVE ALSO SPOKEN CLEARLY ON THE MATTER AS WELL. THERE HAVE BEEN MANY EMERGENCIES ... NEW VIRULENT DISEASES ... NEW ENVIRONMENTAL CHALLENGES ... AND, AT THE TIME, THEY CREATED WIDESPREAD FEAR AND DISTRESS.

BUT THROUGHOUT THE DECADES, OUR FIRST PRIORITY HAS BEEN TO IMPROVE THE HEALTH OF MOTHERS AND CHILDREN.

AND, TO BE QUITE PLAIN ABOUT IT, WE OUGHT TO BE CONCERNED ABOUT CHILD-BEARING AND DELIVERY, A PHENOMENON THAT OCCURS CLOSE TO 4 MILLION TIMES IN OUR SOCIETY EACH YEAR.



ASIDE FROM THE IMMEDIATE MORBIDITY OR MORTALITY AT THE TIME OF CHILDBIRTH, WE MUST ALSO BE CONCERNED ABOUT THE LONG-TERM PROBLEMS OF HUNDREDS OF THOUSANDS OF OUR PEOPLE WHO LIVE THEIR LIVES UNDER GREAT AND IRREVERSIBLE STRESS, BOTH PHYSICAL AND MENTAL.

SO IT IS AN ALTOGETHER APPROPRIATE NATIONAL COMMITMENT TO PLACE AT THE TOP OF OUR LIST OF PRIORITIES.

IT IS ALSO THE KIND OF COMMITMENT THAT WE MUST MAKE, IN ORDER TO EFFECTIVELY DEAL WITH MANY OTHER ISSUES IN PUBLIC HEALTH.

FOR EXAMPLE, IF WE HONOR OUR DEBTS TO MATERNAL AND CHILD HEALTH, I WOULD SAY WE ARE THEREFORE PREPARED TO CARE FOR THE PREGNANT WOMAN WITH AIDS -- AND FOR HER CHILD, WHO HAS A GOOD CHANCE OF BEING INFECTED, ALSO.

AND SO FAR, I THINK WE'RE DOING THAT. BUT CAN WE MAKE SURE WE WILL DO SO IN THE FUTURE?

I BELIEVE WE CAN BEST TRY TO MAINTAIN OR IMPROVE OUR LEVEL OF EFFORT IN REGARD TO MATERNAL AND PEDIATRIC AIDS BY MAINTAINING OR IMPROVING OUR OVERALL NATIONAL COMMITMENT TO MATERNAL AND CHILD HEALTH.

I SEE THEM AS INSEPARABLE ISSUES.

AND, THEREFORE, I BELIEVE WE WILL CARE FOR EVERY BABY WITH AIDS -- WHATEVER THE REQUIREMENTS ARE IN HUMAN AND FISCAL TERMS.

YOU MAY RECALL THAT, AT TIMES, SOME PEOPLE HAVE RAISED ARGUMENTS AGAINST PROVIDING SUCH CARE. THEY ARGUED AGAINST PROVIDING CARE FOR "BABY DOE." BUT THEIR ARGUMENTS WERE DEFEATED.

AS A RESULT OF THAT KIND OF EVOLUTION IN PUBLIC HEALTH POLICY, WE -- AS A CIVILIZED, POST-INDUSTRIAL SOCIETY -- WILL CARE FOR MOTHERS AND BABIES WITH AIDS. WE DO SO NOT BECAUSE THEY HAVE AIDS OR ANY OTHER DISEASE, BUT BECAUSE THEY ARE MOTHERS AND CHILDREN.

THEREFORE, A FIRST NATIONAL PUBLIC HEALTH PRIORITY, WITH STRONG IMPLICATIONS FOR OUR FIGHT AGAINST AIDS, IS OUR COMMITMENT TO MATERNAL AND CHILD HEALTH.

A SECOND NATIONAL HEALTH PRIORITY, FOR WHICH THERE IS UNIVERSAL AGREEMENT IN OUR COUNTRY, IS TO PROVIDE FOR OUR ELDERLY CITIZENS WHATEVER HEALTH AND MEDICAL CARE THEY REQUIRE.

THERE IS MUCH DEBATE SURROUNDING THIS PRIORITY. BUT PLEASE NOTE THAT, AT LEAST FOR THE MOMENT, THE AMERICAN PEOPLE AREN'T DEBATING WHETHER THEY SHOULD OR SHOULD NOT PROVIDE SUCH CARE. THE CURRENT DEBATE REVOLVES ALMOST EXCLUSIVELY AROUND HOW TO PAY FOR SUCH CARE WITHOUT IN ANY WAY COMPROMISING OUR COMMITMENT TO PROVIDE IT.

THAT DOESN'T MAKE THE DEBATE ANY SIMPLER.

IN ADDITION, AS WITH OUR COMMITMENT TO MOTHERS AND CHILDREN, WE IN PUBLIC HEALTH ARE COMMITTED TO CARING FOR OUR ELDERLY WITHOUT QUALIFICATION ... THAT IS, WE ARE COMMITTED TO PROVIDE APPROPRIATE CARE, WHETHER THE ELDERLY PERSON HAS ONE, TWO, OR MORE CHRONIC CONDITIONS ... WHETHER HE OR SHE IS IN SOME WAY DISABLED OR NOT ... AND WHETHER OR NOT THE ELDERLY PERSON IS A MEMBER OF A MINORITY GROUP OR A MAJORITY GROUP. IT DOESN'T MATTER.

PART OF THIS COMMITMENT TO THE AGED OBVIOUSLY REQUIRES THAT WE TRY TO CARE FOR THE OLDER PERSON WHO IS TERMINALLY ILL. AND SO WE'VE ERECTED A FAIRLY ELABORATE SYSTEM OF "HALFWAY" CARE AND SKILLED NURSING CARE AND HOSPICE CARE.

IN OTHER WORDS, WE AMERICANS HAVE REACHED A CONSENSUS THAT IT IS RIGHT AND PROPER FOR OUR SOCIETY TO MAKE SURE THAT EVERYTHING NECESSARY BE DONE FOR ANYONE GOING THROUGH THE FINAL STAGES OF LIFE.

SUCH A CONSENSUS, WE SEEM TO BE SAYING, IS FURTHER EVIDENCE OF OUR COMPASSION AND GENEROSITY AS AN ADVANCED CIVILIZATION.

IT'S NOT AN IDEA THAT WE EMBRACE LIGHTLY, I SHOULD ADD. SOME 2 TO 3 MILLION OF OUR PEOPLE DIE EACH YEAR FROM A VARIETY OF CAUSES, NOT JUST FROM THOSE DISEASES THAT COME WITH ADVANCED AGE. THE GREAT MAJORITY OF THOSE PEOPLE DIE WITHOUT REQUIRING ANY SPECIAL CARE.

BUT -- RELATIVELY SPEAKING -- A FEW PEOPLE DO. AND SO WE'VE ORGANIZED A GOOD PART OF OUR HEALTH AND MEDICAL CARE SYSTEM TO PROVIDE SUCH SPECIAL CARE.

I BELIEVE THAT THE AMERICAN PEOPLE HAVE AGREED ON AN OVERALL NATIONAL COMMITMENT TO EASE THE BURDEN OF TERMINAL ILLNESS FOR THE INDIVIDUAL AND FOR HIS OR HER FAMILY.

THEREFORE, AND CONSISTENT WITH THIS OVER-ARCHING COMMITMENT TO THE AGED, EVEN WHEN THEY ARE TERMINALLY ILL, I ALSO BELIEVE THAT THE AMERICAN PEOPLE WILL CONTINUE TO PROVIDE THE NECESSARY AND APPROPRIATE CARE FOR TERMINALLY ILL PERSONS WITH AIDS.

TO ACHIEVE THESE TWO PUBLIC HEALTH PRIORITIES -- CARE FOR MOTHERS AND CHILDREN AND CARE FOR OUR AGED AND THE TERMINALLY -- WE NEED CERTAIN SUPPORT ACTIVITIES. AND KEY AMONG THEM IS RESEARCH.

I BELIEVE THE PEOPLE OF THIS COUNTRY ARE GENUINELY COMMITTED TO A STRONG AND INNOVATIVE BIOMEDICAL RESEARCH PROGRAM.

WE'VE HAD SUCH A PROGRAM FOR MOST OF THIS CENTURY. IT HAS YIELDED EXTRAORDINARY BENEFITS FOR THE HEALTH OF AMERICANS AND, INDEED, FOR ALL MANKIND.

AND ITS VERY STRENGTH AND BREADTH HAVE MADE IT AN EXCELLENT BASE UPON WHICH TO MOUNT A RESEARCH PROGRAM TARGETED SPECIFICALLY TO AIDS. I BELIEVE OUR AIDS RESEARCH PROGRAM HAS BEEN QUITE SUCCESSFUL SO FAR, EVEN THOUGH MUCH MYSTERY STILL SURROUNDS THE VIRUS.

I ALSO BELIEVE THAT WE'LL CONTINUE TO MAKE GOOD PROGRESS IN AIDS RESEARCH, IF WE MAINTAIN AN OPTIMUM BIOMEDICAL RESEARCH ENTERPRISE ACROSS THE BOARD.

SO FAR THIS MORNING I'VE DISCUSSED WHAT I BELIEVE ARE OUR TWO TOP NATIONAL HEALTH PRIORITIES: MATERNAL AND CHILD HEALTH AND HEALTH CARE FOR THE AGED. I'VE ALSO MENTIONED THE KEY SUPPORTING ROLE OF BIOMEDICAL RESEARCH. AND I'LL STOP THERE.

I DON'T BELIEVE I NEED TO GO THROUGH THE WHOLE GAMUT OF HEALTH AND MEDICAL ISSUES TO MAKE MY CENTRAL POINT, WHICH IS THIS:

- \* WE CAN BEST STRENGTHEN ALL OUR AIDS RESEARCH AND PATIENT CARE EFFORTS, IF WE RECOGNIZE THE RELATIONSHIP OF THOSE EFFORTS TO WHAT WE ARE ALREADY COMMITTED TO IN HEALTH AND MEDICAL CARE.
  
- \* IN OTHER WORDS, WE MUST NOT ISOLATE OUR EFFORTS IN AIDS FROM THE MAINSTREAM OF PUBLIC HEALTH AND MEDICINE, DESPITE THE MANY TEMPTATIONS TO DO SO.

WE'VE ALREADY HAD SEVERAL OPPORTUNITIES TO DEAL WITH AIDS AS A SEPARATE AND SPECIAL PUBLIC HEALTH MATTER. AND SOME OF THOSE OUTCOMES HAVE NOT BEEN POSITIVE.

YES, IT IS A SEXUALLY TRANSMITTED DISEASE, BUT -- SOME PEOPLE HAVE SAID -- IT'S REALLY NOTHING MORE THAN THAT AND, THEREFORE, WE DON'T NEED ANY SPECIAL SAFEGUARDS FOR CONFIDENTIALITY BEYOND WHAT WE ALREADY HAVE FOR S.T.D.'s.

OR WE'VE SAID, YES, IT IS POSSIBLE THAT A DRUG MAY HELP STABILIZE OR EVEN REVERSE AN ASPECT OF THIS DISEASE. BUT -- SOME PEOPLE HAVE SAID -- DRUGS TO FIGHT AIDS ARE REALLY DIFFERENT AND THEY OUGHT NOT TO BE BOUND BY THE GENERALLY ACCEPTED RULES OF DRUG SAFETY AND EFFICACY.

YES, AIDS CAN BE A HANDICAPPING CONDITION TO A LESSER OR GREATER DEGREE, BUT -- SOME PEOPLE HAVE SAID -- AIDS IS REALLY QUITE DIFFERENT AND HAVING AIDS OUGHT TO BE REASON ENOUGH TO BE BARRED FROM EMPLOYMENT, SCHOOLING, HOUSING, AND OTHER NORMAL SOCIAL ENVIRONMENTS.



AND, YES, WE SHOULD MAKE SURE THAT NO HEALTH PROFESSIONAL "DOES HARM" TO A PERSON WITH AIDS THROUGH TESTING OR THROUGH POOR RECORD-KEEPING, BUT -- SOME PEOPLE HAVE SAID -- HAVING AIDS IS DIFFERENT AND, THEREFORE, A PERSON WITH AIDS SHOULD BE FREE NOT TO KNOW IF HE OR SHE HAS THE VIRUS AND LIKEWISE FREE TO POSSIBLY "DO HARM" TO SOMEONE ELSE THROUGH A SEXUAL ENCOUNTER.

AS THESE FEW EXAMPLES MAY SHOW -- AND THEY'RE ONLY A FEW OF MANY ...

- \* IT'S IMPORTANT THAT WE APPLY TO AIDS THE SAME ETHICAL STANDARDS WE APPLY TO PUBLIC HEALTH AND SOCIAL RELATIONSHIPS IN GENERAL ...
- \* IT'S IMPORTANT THAT WE NOT PLEAD THAT AIDS SOMEHOW BELONGS OUTSIDE THE ACCEPTED UNIVERSE OF MAJOR NATIONAL PUBLIC HEALTH CONCERNS ...
- \* AND IT'S IMPORTANT THAT WE DEAL WITH THIS EPIDEMIC WITHIN A STRENGTHENED FRAMEWORK OF OVERALL PUBLIC HEALTH POLICY-MAKING AND PRIORITY-SETTING.

SO I WOULD ASK THAT, ON THIS "WORLD AIDS DAY" COMMEMORATION,  
WE DEDICATE OURSELVES NOT ONLY TO THE ERADICATION OF THIS  
CALAMITOUS DISEASE OF AIDS, BUT THAT WE ALSO RE-DEDICATE  
OURSELVES TO THE TOTAL PUBLIC HEALTH COMMITMENT THAT HAS BEEN  
MADE BY THIS SOCIETY.

THANK YOU.

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