

ORIGINAL

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ADDRESS

By

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SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT THE 40TH SCIENTIFIC ASSEMBLY OF THE  
AMERICAN ACADEMY OF FAMILY PHYSICIANS  
NEW ORLEANS, LOUISIANA  
OCTOBER 3, 1988

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

I'M DELIGHTED TO JOIN YOU AT THIS, YOUR 40<sup>TH</sup> SCIENTIFIC ASSEMBLY, AND TO SEE SO MANY GOOD FRIENDS ONCE AGAIN.

I HAVE ALWAYS RESERVED THE GREATEST RESPECT FOR THE DISCIPLINE OF FAMILY MEDICINE AND I'VE BEEN VERY PLEASED TO NOTE THAT IT HAS BEEN CONSIDERED A VITAL DISCIPLINE WORTHY OF CONTINUED FEDERAL SUPPORT THROUGHOUT THESE YEARS OF TIGHT FEDERAL BUDGETS.

OF COURSE, I ALSO VALUE THE FRIENDSHIP AND SUPPORT OF THIS ORGANIZATION. THE ACADEMY HAS STOOD BY ME IN MANY OF THE TOUGH ISSUES OF THE PAST 7 YEARS, INCLUDING SMOKING, DRUNK DRIVING, AND FAMILY VIOLENCE.

I'D LIKE TO GIVE SPECIAL RECOGNITION TO THREE OF YOUR COLLEAGUES, DRS. ALAN BLUM, JOHN R. "RICK" RICHARDS, AND TOM HOUSTON, THE ORGANIZERS OF "DOCTORS OUGHT TO CARE," OR "DOC." THEY ARE AN ACTIVE AND CONCERNED GROUP -- ALBEIT UNORTHODOX AT TIMES -- WHO HAVE BEEN OUTSTANDING IN THEIR SUPPORT FOR THE NATIONAL CAMPAIGN AGAINST SMOKING.

FOR THEIR UNSTINTING EFFORTS, I WAS PLEASED TO HAVE AWARDED  
DRS. BLUM, RICHARDS, AND HOUSTON THE "SURGEON GENERAL'S  
MEDALLION" JUST BEFORE COMING ON TO THE PLATFORM.

AND DURING THE PAST WEEK MY STAFF HAS CONTACTED YOUR  
DIRECTOR OF EDUCATION, DR. JANE MURRAY, RELATIVE TO THE  
PUBLICATION NEXT MONTH OF MY "SURGEON GENERAL'S LETTER ON CHILD  
SEXUAL ABUSE." I BELIEVE THIS COULD BE A VERY HELPFUL BROCHURE  
FOR EVERY FAMILY PHYSICIAN WHO MAY SUDDENLY FIND HIMSELF OR  
HERSELF CARING FOR A CHILD WHO HAS BEEN SEXUALLY ABUSED OR  
ASSAULTED OR IN SOME OTHER WAY SEXUALLY VICTIMIZED.

I WAS ASKED BY THE DEPARTMENT OF JUSTICE TO PREPARE SUCH A  
BOOKLET FOR HEALTH PROFESSIONALS SO THAT OUR TWO DISCIPLINES OF  
LAW AND MEDICINE COULD WORK BETTER TOGETHER ON THIS VERY PAINFUL  
PUBLIC ISSUE.

WE REALLY NEED YOUR HELP ON THAT ONE, AND I'M DELIGHTED TO  
KNOW THAT WE'LL BE WORKING TOGETHER ON IT.

OF COURSE, WE ALWAYS WORK TOGETHER ON THE TOUGH ISSUES. THE EASY ONES WE CAN HANDLE OURSELVES. BUT TODAY I WANT TO DISCUSS A PROBLEM THAT MAY BE THE MOST DIFFICULT ONE WE'VE EVERY FACED.

I'M TALKING ABOUT AIDS. AND I SINCERELY APPRECIATE DR. BOB GRAHAM'S INVITATION TO ME TO COME HERE TO NEW ORLEANS AND SHARE WITH YOU SOME OF THE THINGS I'VE LEARNED LATELY ABOUT THAT COMPLEX AND HIGHLY DANGEROUS DISEASE.

FIRST, A WORD ABOUT BOB GRAHAM. THOSE OF YOU WITH LONG MEMORIES WILL RECALL THAT I HAVE NOT ALWAYS ENJOYED MY PRESENT ACCEPTANCE IN WASHINGTON, IN THE COUNTRY, AND IN THE PRESS. DURING THOSE EARLIER AND VERY TRYING DAYS, DR. GRAHAM WAS A REAL SOURCE OF ENCOURAGEMENT TO ME. THE FEW FRIENDS OF THOSE EARLY DAYS WILL ALWAYS HAVE A SPECIAL PLACE IN MY AFFECTION.

NOW, BACK TO AIDS.

I WON'T GO INTO ANY SCIENTIFIC DETAIL BECAUSE WE HAVE PEOPLE WHO ARE FAR MORE KNOWLEDGEABLE THAN I WHO CAN DO THAT FOR YOU: DR. ROBERT GALLO AND ANTHONY FAUCI AND PETER FISCHINGER, FOR EXAMPLE.

INSTEAD, I'D LIKE TO OFFER YOU A QUICK UPDATE AS TO WHERE WE ARE IN OUR OVERALL KNOWLEDGE OF AIDS AND WHAT WE'RE DOING ABOUT IT AND THEN GO ON TO SUGGEST WHAT ALL THIS MIGHT MEAN FOR THE PRACTICING FAMILY PHYSICIAN.

THE FIRST THING TO KNOW IS THAT THE AIDS VIRUS IS STILL SPREADING, BOTH IN OUR COUNTRY AND WORLDWIDE. THAT'S THE PREMISE FOR EVERYTHING WE DO. WE'VE GOT A KILLER DISEASE ON OUR HANDS AND IT'S REACHING FARTHER AND DEEPER INTO OUR SOCIETY EVERY DAY.

OUR STATISTICIANS PREDICTED TWO YEARS AGO THAT THE AIDS EPIDEMIC WOULD CONTINUE TO GROW AND SPREAD WELL IN TO THE 1990'S ... AND I'M AFRAID THEY WERE RIGHT.

FOR EXAMPLE, IN THE SINGLE YEAR BETWEEN SEPTEMBER 1987 AND AUGUST 1988 WE LOGGED IN ALMOST 31,000 NEW CASES HERE IN THE UNITED STATES.

SINCE THE FIRST 5 CASES WERE RECORDED IN LOS ANGELES BACK IN 1981, THAT CITY HAS REPORTED ANOTHER 5,460 CASES ... AND THE COUNTRY AS A WHOLE HAS TURNED UP A TOTAL OF ALMOST 75,000 CASES OF AIDS.

I SAY "THE COUNTRY AS A WHOLE" BECAUSE BY NOW EVERY STATE AND TERRITORY OF THE UNITED STATES HAS BEEN TOUCHED BY THIS EPIDEMIC.

I DON'T KNOW WHERE EACH OF YOU PRACTICE, BUT IT DOESN'T MATTER ANY MORE, BECAUSE WHEREVER YOUR OFFICE MAY BE, I'LL WAGER THAT YOU'RE NOT MORE THAN A COUPLE OF HUNDRED MILES AT THE MOST -- OR A COUPLE OF HUNDRED FEET AT THE LEAST -- FROM SOMEONE WITH AIDS.

MIND YOU, NOT JUST SOMEONE WHO TESTS SEROPOSITIVE FOR THE VIRUS, BUT SOMEONE WHO ACTUALLY HAS A REPORTABLE AIDS-RELATED DISEASE OF SOME KIND.

THAT'S THE SITUATION IN THE UNITED STATES ... AND IT'S BECOMING THE SITUATION WORLDWIDE AS WELL. SOME 140 COUNTRIES, IN ADDITION TO THE U.S.A., HAVE REPORTED 40,000 CASES OF AIDS SO FAR.

OF COURSE, WE ALL KNOW THAT MANY COUNTRIES DON'T YET HAVE GOOD SYSTEMS FOR GATHERING AND ANALYZING EPIDEMIOLOGICAL DATA ... CERTAINLY NOT AS GOOD AS OURS.

THIS IS ESPECIALLY TRUE AMONG THE THIRD WORLD COUNTRIES OF ASIA AND AFRICA, WHERE -- UNFORTUNATELY -- THE DISEASE SEEMS TO BE THE MOST VIRULENT.

HENCE, THE WORLD HEALTH ORGANIZATION ESTIMATES THAT BARELY HALF OF THE TRUE AIDS CASELOAD WORLDWIDE HAS BEEN REPORTED.

BUT THE CONTINUED EXPANSION OF THE AIDS EPIDEMIC IS ONLY PART OF THE STORY. THE OTHER PART IS EVEN MORE GRIM: AIDS IS VIRTUALLY 100 PERCENT FATAL. OF THOSE 75,000 AMERICANS WHO WERE REPORTED AS HAVING AIDS SO FAR, 42,000 HAVE DIED.

THAT'S AN OVERALL MORTALITY RATE OF 56 PERCENT.

BUT LET'S LOOK AT THOSE FIGURES MORE CLOSELY. OF THE NUMBER OF PEOPLE WITH AIDS IN 1981, SOME 92 PERCENT HAVE ALREADY DIED.

OF THOSE IN 1982, CLOSE TO 90 PERCENT HAVE DIED.

AND ALMOST HALF THE NUMBER OF PEOPLE WHO WERE REPORTED WITH AIDS JUST LAST YEAR HAVE ALREADY DIED.

SO, EVEN THOUGH WE DON'T KNOW EVERYTHING ABOUT THIS DISEASE, WE DO KNOW ONE THING FOR CERTAIN:

IF YOU HAVE AIDS, YOUR CHANCES OF SURVIVING THE NEXT TWO OR THREE YEARS ARE NOT VERY GOOD. BUT YOUR CHANCES OF SURVIVING ANY LONGER THAN THAT ARE ALMOST NIL.



ALL RIGHT, WHAT ARE WE DOING ABOUT IT?

FIRST OF ALL, WE'RE MOVING AHEAD ON VACCINE DEVELOPMENT, AND; IN FACT, RIGHT NOW WE HAVE TWO VACCINE MODELS GOING THROUGH THE VERY EARLIEST PHASES OF CLINICAL TESTING.

BUT THOSE ARE ONLY THE FIRST TINY STEPS IN VACCINE DEVELOPMENT. MY FRIENDS, IT'S GOING TO BE A VERY LONG PROCESS -- STRETCHING TO THE END OF THIS CENTURY AT THE VERY LEAST -- BEFORE WE COME UP WITH A SAFE, EFFECTIVE, AND READILY AVAILABLE VACCINE AGAINST AIDS. AND HONESTLY, I'M TRYING TO BE OPTIMISTIC ABOUT IT.

NOW, IT'S TRUE THAT WE HAVE A DRUG CALLED A.Z.T. WHICH SEEMS ABLE TO PROLONG THE LIVES OF MANY PERSONS WITH AIDS. AND SEVERAL OTHER DRUGS WITH THE SAME KIND OF PROMISE ARE IN THE PIPELINE.

BUT THESE DRUGS ONLY PROLONG A PERSON'S LIFE FOR A FEW MONTHS ... MAYBE A YEAR ... IF THEY WORK. THEY DON'T CURE ANYONE OF AIDS ... NOR OF ANY CONDITION BROUGHT ON BY AIDS.

THE HARD TRUTH IS STILL THIS: WE HAVE NO DRUG ... NO VACCINE ... NO "MAGIC BULLET" OF ANY KIND TO PREVENT AIDS OR STOP IT IN ITS TRACKS.

BUT WE'RE NOT AT A TOTAL LOSS ON THIS DISEASE, AS YOU ALL WELL KNOW, I'M SURE. WE DO KNOW THAT THE VIRUS IS TRANSMITTED BY VARIOUS KINDS OF HUMAN BEHAVIOR. AND, THEREFORE, WE KNOW THAT EDUCATION TO CHANGE THOSE KINDS OF BEHAVIOR IS CURRENTLY OUR ONLY WEAPON AGAINST THIS DISEASE.

AND THIS IS PRECISELY THE JOB FOR WHICH PHYSICIANS ARE THE MOST QUALIFIED. SHOULD YOU WAIT AND TELL YOUR PATIENTS ABOUT AIDS ONLY AFTER THEY SHOW UP SEROPOSITIVE OF WITH THE SIGNS OF AN AIDS-RELATED DISEASE?

OF COURSE NOT. THE TIME TO TELL THE AIDS STORY IS AT THE FIRST OPPORTUNITY YOU HAVE. TELL THE FACTS TO YOUR ADULT PATIENTS -- MEN AND WOMEN -- AND TO THE YOUNG PEOPLE WHO COME INTO YOUR CIRCLE OF CARE.

AND I WOULD ADD, "ESPECIALLY THE YOUNG PEOPLE."

AIDS IS TRANSMITTED FOUR WAYS ... AND ONLY FOUR WAYS:

\* PRIMARILY THROUGH SEXUAL INTERCOURSE ... MOSTLY BUT NOT EXCLUSIVELY ANAL INTERCOURSE ENGAGED IN MOST FREQUENTLY BY HOMOSEXUALS AND BISEXUAL MALES. THIS ACCOUNTS FOR ABOUT TWO-THIRD OF ALL CASES OF AIDS.

BUT PLEASE REMEMBER THAT HOMOSEXUALITY ... BY ITSELF ... DOES NOT CAUSE AIDS, JUST AS HETEROSEXUALITY ... BY ITSELF ...DOES NOT CAUSE SYPHILIS.

\* AIDS IS ALSO TRANSMITTED THROUGH THE BLOOD OF INTRAVENOUS DRUG ADDICTS WHO USE THE NEEDLES AND SYRINGES OF OTHER ADDICTS ALREADY INFECTED WITH AIDS VIRUS

\* THE VIRUS IS ALSO PASSED ON FROM AN AIDS-INFECTED MOTHER TO HER INFANT DURING PREGNANCY OR AT THE TIME OF DELIVERY

\* AND, TO A VERY LIMITED EXTENT, THROUGH TRANSFUSED BLOOD OR BLOOD PRODUCTS. BUT THIS DANGER IS NOW ALMOST STATISTICALLY INSIGNIFICANT.

THE ODDS TODAY OF GETTING A CONTAMINATED UNIT OF TRANSFUSED BLOOD ARE BETWEEN 1 IN 40,000 AND 1 IN 250,000. COMPARE THAT WITH, SAY, DEATH ON THE HIGHWAY, WHERE THE ODDS AGAINST YOU ARE ONLY 1 IN 5,900.

RIGHT NOW, THEREFORE, THE GREAT MAJORITY OF CASES -- ABOUT 9 OF EVERY 10 -- INVOLVE HOMOSEXUALS OR BISEXUAL MALES OR DRUG ABUSERS. IN OTHER WORDS, IF THESE TWO GROUPS SUDDENLY CHANGED THEIR HIGH-RISK BEHAVIOR, THE SOCIAL IMPACT OF THIS DISEASE WOULD EVENTUALLY PLUNGE BY 90 PERCENT.

I SAY "EVENTUALLY" BECAUSE OF THE LONG INCUBATION PERIOD AND THE FACT THAT THOSE PEOPLE CARRYING THE VIRUS -- PERHAPS ABOUT 1.5 MILLION PEOPLE -- STILL HAVE TO GO THROUGH THE COURSE OF THE DISEASE.

CLEARLY, FROM A PUBLIC HEALTH AND EPIDEMIOLOGICAL VIEWPOINT, THIS IS WHERE WE NEED TO SPEND MOST OF OUR TIME AND EDUCATIONAL ENERGY.

BUT IT'S A BIG JOB BECAUSE -- UNFORTUNATELY -- A GREAT MANY OF OUR YOUNG PEOPLE OF ALL SOCIAL AND ECONOMIC CLASSES AND OF ALL RACES AND ETHNIC BACKGROUNDS BEGIN TO EXPERIMENT WITH SEX AND WITH DRUGS IN THEIR EARLY ADOLESCENT YEARS AND ON INTO THEIR 20s. AND MUCH OF THIS EXPERIMENTATION CAN LEAVE THEM VULNERABLE TO INFECTION BY THE AIDS VIRUS.

FOR EXAMPLE, ONE OF THE MORE SOBERING BITS OF INFORMATION I'VE RECEIVED THIS YEAR IS THE EXTENT TO WHICH YOUNG PEOPLE AWAY AT COLLEGE RECKLESSLY EXPERIMENT WITH SEX AND DRUGS -- AND, HENCE, WITH THEIR VERY LIVES -- AS SOON AS THEY'RE OUT FROM UNDER THE CLOSE OBSERVATION OF THEIR PARENTS.

THAT'S NEVER BEEN A COMFORTING THOUGHT. BUT TODAY IT'S EVEN MORE DISCOMFORTING BECAUSE WE KNOW FOR A FACT THAT SUCH BEHAVIOR PUTS THEIR LIVES ON THE LINE.

I BELIEVE IT MUST BE THE GOAL OF EVERY FAMILY PHYSICIAN TO GET THAT MESSAGE ACROSS TO OUR YOUNG PEOPLE, AS THEY PREPARE TO LEAVE HOME FOR THE WIDE WORLD OF HIGHER EDUCATION.

YES, THEY SHOULD HAVE BEEN REACHED WELL BEFORE NOW -- IN ELEMENTARY OR JUNIOR HIGH SCHOOLS AND SURELY BY THEIR PARENTS. BUT THAT HASN'T BEEN THE CASE FOR TENS OF THOUSANDS OF YOUNG PEOPLE. AND WE HAVE NO PROFESSIONAL RIGHT TO STAND BACK, POINT THE FINGER OF BLAME AT OTHERS ... AND THEN DO NOTHING.

IF YOU MISSED A FEW YOUNGSTERS WHO'VE ALREADY LEFT FOR THEIR RESPECTIVE CAMPUSES, TRY AND SET UP A BRIEF CONSULTATION WITH THEM FOR THE MID-TERM OR MID-YEAR HOLIDAY BREAK, WHEN THEY MAY COME BACK TO TOWN FOR A VISIT.

IF I'M PROJECTING A NOTE OF URGENCY IN MY VOICE, IT'S BECAUSE THAT'S EXACTLY WHAT I FEEL.

I'M WORRIED ABOUT HAVING THE LIFE-SAVING FACTS ARRIVE ONE DAY OR EVEN ONE HOUR TOO LATE FOR A TEENAGER WHO MAY GO ON TO BECOME INFECTED WITH THE AIDS VIRUS ... AND VERY LIKELY, IN HIS OR HER IGNORANCE, GO ON TO INFECT OTHERS AS WELL.

WE MUST STOP THIS MULTIPLIER EFFECT. AND WE HAVE NO WAY OF DOING IT OTHER THAN THROUGH EDUCATION.

AND THE MOST EFFECTIVE EDUCATION WE HAVE IS THE KIND OF EDUCATION THAT KNOWLEDGEABLE, CONCERNED PHYSICIANS -- MEN AND WOMEN JUST LIKE YOURSELVES -- ARE ABLE TO PASS ON TO THEIR PATIENTS.

FOR THOSE OF YOU WHO MAY STILL FEEL A LITTLE TREPIDATION ABOUT GETTING INVOLVED WITH THIS KIND OF INFORMATION, LET ME ASSURE THAT IT'S PROBABLY THE EASIER OF THE TASKS YOU COULD -- AND SHOULD -- ASSUME.

THE SECOND TASK I WANT TO MENTION TODAY -- THE TASK OF ACCEPTING THE AIDS PATIENT AND DEALING WITH THAT PERSON IN A PROFESSIONAL AND COMPASSIONATE MANNER -- PRESENTS OTHER AND MORE COMPLEX CHALLENGES.

I THINK IT'S FOOLISH NOT TO REALIZE THAT AIDS IS AS FRIGHTENING TO THE INDIVIDUAL PHYSICIAN AS IT IS TO ANYONE ELSE. AS I'VE ALREADY INDICATED, NO ONE IN MEDICINE HAS QUICKER ACCESS TO A CURE, IN CASE OF INFECTION ... BECAUSE THERE IS NO CURE.

NOW, ALL THOSE YEARS OF THE RHETORIC OF DEDICATION ... OF THE REPETITION OF THE HIPPOCRATIC OATH ... OF GRAND SPEECHES BEFORE THOUSANDS OF BANQUETS AND LUNCHEES ... ALL THAT ORAL HISTORY HAS BEEN CONSCIENTIOUSLY WRITTEN AND DELIVERED BY US AND OUR COLLEAGUES THROUGHOUT MEDICINE. I DON'T QUESTION THAT AT ALL.

BUT NOW WE'RE FACED WITH A DISEASE THAT IS TESTING OUR COMMITMENT TO THOSE PRINCIPLES OF MEDICINE AND HEALTH CARE WE'VE BEEN ESPOUSING ALL OUR PROFESSIONAL LIVES.



THIS HAPPENS AT OTHER TIMES IN OUR CAREERS. AMERICAN FAMILY PHYSICIANS HAVE SERVED OVERSEAS IN WAR ZONES ... IN THE MIDST OF -- AND IN THE AFTERMATH OF -- REVOLUTIONS AND MAJOR NATURAL CATASTROPHES ... IN THE INFESTED BACKWATERS OF THIRD WORLD COUNTRIES ... WE'RE NOT STRANGERS TO SICKNESS AND DEATH.

BUT AIDS HERE IN THE UNITED STATES IS A LITTLE DIFFERENT. IT MAY PRESENT ITSELF IN THE FORM OF A PATIENT, A FAMILY MAN IN HIS LATE 30s, SOMEONE YOU'VE KNOWN -- OR THOUGHT YOU HAD KNOWN -- FOR THE PAST SEVERAL YEARS, A MAN WHO IS SHOWING ONE OR ANOTHER PHYSICAL OR MENTAL SYMPTOMS OF AN AIDS-RELATED ILLNESS.

YES, OF COURSE, YOU MUST CONTINUE TO TREAT HIM AS YOUR PATIENT. AND, YES, OF COURSE, YOU MUST EXERCISE SOME CAUTION WHEN COLLECTING HIS BODY FLUIDS -- BLOOD OR PERHAPS SEMEN, FOR EXAMPLE -- FOR THE LAB.

AND, YES, OF COURSE, YOU MUST TELL HIM WHAT YOU SUSPECT AND, IF HE NEEDS HELP IN DEALING WITH THAT INFORMATION, YOU MUST ENGAGE IN A CONFIDENTIAL STRATEGY TO GET HIM THAT HELP.

AND, YES, OF COURSE, YOU HAVE TO WEIGH YOUR RESPECT FOR HIS PRIVACY AGAINST THE RESPONSIBILITY YOU MAY HAVE TO GET THIS LIFE-THREATENING INFORMATION TO HIS WIFE, FOR EXAMPLE, AND TO HIS OTHER SEXUAL CONTACTS, IF THERE ARE ANY -- AND TO DO THIS WITH HIS HELP, IF AT ALL POSSIBLE ... OR WITHOUT HIS HELP, IF THE LIVES OF THESE OTHER SEXUAL PARTNERS ARE AT STAKE.

THIS IS DIFFERENT FROM PERFORMING TRIAGE AT THE SITE OF A LANDSLIDE IN THE ITALIAN ALPS OR PROVIDING RUDIMENTARY PRIMARY CARE AT A REFUGEE CENTER IN AFRICA.

IT'S ALSO DIFFERENT FROM JOINING OTHER COLLEAGUES TO CHECK UP ON A HEPATITIS OUTBREAK IN YOUR COMMUNITY.

LET'S FACE THIS ONE SQUARELY: NO OTHER CONTEMPORARY DISEASE CONDITION IS AT ONCE SO THREATENING AND SO DISTURBING.

\* AIDS CAN KILL YOU -- WE KNOW THAT -- IF YOU DO NOT FOLLOW A FEW SIMPLE BUT VITAL RULES OF HYGIENE AND BARRIER PROTECTION.

\* AIDS MAKES YOU RECOGNIZE SEXUAL PREFERENCES AND OTHER PRACTICES WITH WHICH YOU MAY HAVE ABSOLUTELY NO SYMPATHY. YOU SENSE THAT, ALSO. AND IT CAN MAKE YOU VERY UNCOMFORTABLE.

\* AIDS ASKS ALL OF US TO EXTEND COMPASSIONATE MEDICAL SERVICE TO INDIVIDUALS WHOSE LIVES ARE A LETHAL MIXTURE OF DRUG ADDICTION AND SOCIOPATHY. THAT MAY ALSO ANGER US AND, YES, SCARE US, TOO.

THAT'S WHY, WHEN I TELL AUDIENCES THAT "MEDICINE IS ON THE FRONT LINE OF AIDS," I REALLY MEAN IT. WE'RE SEEING THE DISEASE "UP CLOSE AND PERSONAL," AS MY FRIENDS IN TELEVISION WOULD SAY.

BUT THAT'S BEEN OUR ROLE FOR CENTURIES -- 20 TO 30 CENTURIES AT THE VERY LEAST -- AND IT WILL CONTINUE TO BE OUR ROLE FOR THIS AND SUBSEQUENT CENTURIES AS WELL.

I'M SPENDING A LOT OF TIME ON THIS PART OF MY PRESENTATION TODAY BECAUSE, TO BE PERFECTLY HONEST ABOUT IT, THIS IS WHAT IS REALLY CONCERNING ME THESE DAYS: THAT IS, THE DEGREE TO WHICH THE MEN AND WOMEN OF MEDICINE ARE -- AND WILL CONTINUE TO BE -- COMMITTED TO ACTIVELY FULFILLING THEIR PROFESSIONAL OATHS AND COMMITMENTS.

WE READ THESE OCCASIONAL ARTICLES ABOUT FRAUD IN RESEARCH ... ABOUT OVER-CHARGES FOR MEDICARE OR MEDICAID SERVICES ... ABOUT PHYSICIANS AND CLINICS TURNING AWAY AIDS PATIENTS AND WE ARE OUTRAGED.

I DON'T FOR ONE MOMENT BELIEVE THAT THOSE STORIES REFLECT THE TYPICAL BEHAVIOR OF THE AVERAGE FAMILY PHYSICIAN OR BIOMEDICAL RESEARCHER OR NURSE OR DENTIST OR WHOMEVER.

BUT NEITHER WILL I DISMISS THEM AS STORIES TOO INCONSEQUENTIAL TO CONCERN ME. THEY DO GENUINELY CONCERN ME, AS THEY MUST CONCERN YOU, ALSO. JUST ONE INCIDENT OF A PHYSICIAN DENYING CARE TO JUST ONE AIDS PATIENT IS ... ONE INCIDENT TOO MANY.

LET ME SAY THAT THE TRADITION OF AMERICAN PUBLIC HEALTH IS TO FIGHT DISEASE ... NOT TO FIGHT THE PEOPLE WHO HAVE IT ... OR PEOPLE WE THINK MIGHT HAVE IT.

AMERICA HAS TAKEN ON SOME PRETTY DIFFICULT DISEASES OVER THE YEARS -- SMALLPOX, POLIO, LEPROSY, MEASLES, SYPHILIS -- BUT IN NOT ONE OF THOSE CASES DID WE ATTACK THE PEOPLE WHO WERE SICK ... JUST THE SICKNESS ITSELF.

AND I CAN ASSURE YOU, AS YOUR SURGEON GENERAL, WE'RE NOT GOING TO CHANGE NOW ... AIDS OR NO AIDS

BUT I'M NOT GOING TO BE YOUR SURGEON GENERAL FOREVER. MY TERM WILL RUN OUT NEXT YEAR SO, FOR ALL INTENTS AND PURPOSES, THIS IS PROBABLY MY FAREWELL APPEARANCE. AND I'D LIKE TO LEAVE YOU WITH A REQUEST -- A "CHARGE," IF YOU WILL -- AND IT IS THIS:

USE THIS CURRENT PLAGUE OF AIDS AS A TOUCHSTONE OF CONTEMPORARY MEDICAL PRACTICE. FIGHT THIS TERRIBLE DISEASE, BUT DO SO IN LEAGUE WITH MILLIONS OF OTHER HEALTH PROFESSIONALS HERE AND AROUND THE WORLD, AND USE THOSE TWO POWERFUL PUBLIC HEALTH WEAPONS THAT ARE AT HAND: EDUCATION AND COMPASSIONATE CARE.

I HOPE EACH OF YOU WILL RESPOND TO THIS CALL. I KNOW YOU HAVE THE TRAINING AND EXPERIENCE AND PERSONAL COMMITMENT TO DO SO. I HOPE YOU DO.

AND, WHETHER IN OR OUT OF THIS UNIFORM, I CAN ASSURE YOU THAT I'LL BE WATCHING -- ALONG WITH ALL OTHER AMERICANS -- WITH GREAT ADMIRATION AND DEEP APPRECIATION FOR A LIFE-SAVING JOB "WELL DONE."

THANK YOU.

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