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ADDRESS

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

I'M DELIGHTED TO BE HERE TO SHARE WITH YOU MY OBSERVATIONS ABOUT TWO KEY ISSUES IN PUBLIC HEALTH TODAY.

BUT LET ME FIRST INVOKE THIS CAVEAT: PLEASE DON'T BE UPSET IF I OVERLOOK YOUR FAVORITE DISEASE OR BIOMEDICAL BREAKTHROUGH. FOR, WHILE I AM YOUR SURGEON GENERAL, I AM ALSO ONLY YOUR SURGEON GENERAL, SEEING THE WORLD THROUGH THE SPECIAL PRISM OF MY OWN OFFICE AND WITH THE HELP OF MY OWN ADVISORS AND GOOD FRIENDS.

THAT'S WHY I AM PROBABLY THE ONLY HEALTH OFFICIAL IN GOVERNMENT WHO WOULD BEGIN AN ADDRESS SUCH AS THIS WITH A FEW WORDS ON SMOKING.

I SHOULD EXPLAIN THAT THE PUBLIC HEALTH ISSUE OF SMOKING WAS ON MY DESK WHEN I ARRIVED IN WASHINGTON IN 1981 AND, I'M SORRY TO SAY, IT WILL REMAIN ON MY DESK FOR MY SUCCESSOR, WHEN MY SECOND TERM ENDS IN NOVEMBER OF 1989.

BUT I DON'T MEAN TO SOUND DISCOURAGED BECAUSE I'M NOT. WE'VE MADE A GREAT DEAL OF HEADWAY AGAINST THIS MOST SERIOUS MENACE TO AMERICAN PUBLIC HEALTH.

IN THE COURSE OF THE PAST 7 YEARS, WE HAVE BROUGHT TO THE ATTENTION OF THE AMERICAN PEOPLE -- AND, INDEED, OF THE PEOPLE OF THE WORLD, ALSO -- THE MOUNTING EVIDENCE AGAINST CIGARETTE SMOKING.

DURING MY TENURE WE'VE ISSUED SEVERAL LANDMARK REPORTS. IN 1982, FOR EXAMPLE, WE BEGAN TO ISSUE ANNUAL REPORTS THAT LINKED SMOKING WITH SPECIFIC DISEASE CONDITIONS. THAT YEAR IT WAS CANCER, AND I DO NOT BELIEVE THE TOBACCO INDUSTRY HAS FULLY RECOVERED FROM THAT REPORT. IT IS ALSO THE REPORT THAT HAS CONTRIBUTED SUBSTANTIALLY TO THE HUNDREDS OF LIABILITY SUITS THAT HAVE BEEN BROUGHT AGAINST SPECIFIC CIGARETTE MANUFACTURERS.

YOU WILL RECALL THAT THE MOST RECENT SUCH CASE, BROUGHT ON BEHALF OF THE LATE ROSE CIPOLLONE OF NEW JERSEY, A JURY IN FEDERAL COURT FOR THE FIRST TIME BROKE THROUGH THE ARMOR OF THE INDUSTRY. THE JURY FOUND THAT CIGARETTE COMPANIES WERE RESPONSIBLE FOR SOME OF THE BAD EFFECTS OF THEIR PRODUCT, IT ASSIGNED A PORTION OF BLAME, AND LEVIED DAMAGES.

THAT WAS ONE OUTCOME OF THE HISTORIC 1982 REPORT. IN SUBSEQUENT REPORTS WE DEALT WITH SMOKING AND HEART DISEASE, STROKE, AND CHRONIC OBSTRUCTIVE LUNG DISEASE. AGAIN, THE EVIDENCE HAS BEEN OVERWHELMING AND VERY DAMAGING TO TOBACCO.

I AM ESPECIALLY PLEASED, HOWEVER, TO HAVE RELEASED REPORTS ON SMOKING AND THE WORKPLACE AND ON INVOLUNTARY SMOKING. TOGETHER, THESE REPORTS BECAME THE BASIS FOR AN EXTRAORDINARY NUMBER OF NEW ANTI-SMOKING LAWS AND POLICIES FOR RETAIL ESTABLISHMENTS, MANUFACTURING, BUSINESS OFFICES, AND GOVERNMENT BUILDINGS.

BUT THE MOST RECENT REPORT, WHICH I JUST RELEASED A MONTH AGO, PRESENTS CONVINCING EVIDENCE THAT CIGARETTES AND OTHER TOBACCO PRODUCTS ARE ADDICTING. IT IS THE NICOTINE IN TOBACCO THAT CAUSES THE ADDICTION. AND WE FIND THAT THE PHARMACOLOGIC AND BEHAVIORAL PROCESSES THAT DETERMINE TOBACCO ADDICTION ARE SIMILAR TO THOSE PROCESSES THAT MAKE COCAINE AND HEROIN ADDICTIVE.

THE DEFINITIONS USED IN THAT REPORT ARE NOT MINE. THEY ARE NOT IN ANY SENSE ARBITRARY. TOBACCO IS AN ADDICTIVE DRUG, ACCORDING TO THE STANDARD DEFINITION OF DRUG ADDICTION ADOPTED BY THE WORLD HEALTH ORGANIZATION, THE AMERICAN PSYCHIATRIC ASSOCIATION, AND THE A.M.A. IN OTHER WORDS...

* TOBACCO IS A "MOOD-ALTERING" SUBSTANCE ...
* SMOKERS ARE COMPULSIVE IN THEIR USE OF TOBACCO ...
* TOBACCO REWARDS THE USER -- IT IS, THEREFORE, A "REINFORCING" SUBSTANCE ...
* SMOKERS BUILD UP A TOLERANCE TO NICOTINE AND, FROM TIME TO TIME, WILL REQUIRE HIGHER DOSE LEVELS TO GET THEIR NICOTINE "HIGH" ...

* PHYSICAL DEPENDENCE CAN OCCUR, WHICH MEANS A WITHDRAWAL SYNDROME FOR THOSE WHO QUIT ...

* AND -- AS WITH HEROIN, COCAINE, AND OTHER ADDICTIVE DRUGS -- THE USER WILL VERY LIKELY RELAPSE AND RETURN TO THE USE OF THE DRUG.

I FEEL VERY STRONGLY THAT YOUNG PEOPLE NEED TO BE WARNED ABOUT THE ADDICTIVE NATURE OF TOBACCO,BECAUSE, RIGHT NOW, YOUNG PEOPLE ARE THE PREFERRED TARGET OF TOBACCO ADVERTISING AND PUBLIC RELATIONS.

I'VE SAID IT BEFORE AND I'LL SAY IT HERE AGAIN: I BELIEVE THE DAYS OF THE TOBACCO INDUSTRY ARE NUMBERED ... AND THE SOONER IT REALIZES AND ACCEPTS THAT FACT, THE HAPPIER WE'LL ALL BE.

PEOPLE OFTEN ASK ME HOW THE SMOKING ISSUE COMPARES IN GRAVITY TO THE ISSUE OF AIDS. IT'S A LITTLE LIKE COMPARING APPLES AND ORANGES, BUT OVER THE PAST SEVERAL MONTHS I'VE WORKED OUT AN ANSWER, AND I WILL SHARE IT WITH YOU NOW.

FIRST OF ALL, WE'VE KNOWN ABOUT THE PUBLIC HEALTH CONSEQUENCES OF SMOKING FOR ABOUT 30 YEARS. AND DURING THAT TIME, WE'VE GENERATED -- BOTH HERE IN THE UNITED STATES AND AROUND THE WORLD -- AN ENORMOUS ARCHIVE OF SOLID SCIENTIFIC DATA THAT TIE CIGARETTE SMOKING TO A LONG LIST OF DEBILITATING, DISABLING, AND FATAL DISEASES.

AIDS, ON THE OTHER HAND, HAS NOT YET PASSED ITS FIRST DECADE AS AN IDENTIFIABLE DISEASE, AND ITS RESEARCH ARCHIVE, WHILE LARGE, IS STILL MODEST BY COMPARISON TO THE 60,000 OR SO STUDIES THAT HAVE BEEN DONE ON SMOKING.

AND -- SO FAR, AT LEAST -- THE MORTALITY AMONG SMOKERS STILL FAR EXCEEDS THAT OF AIDS: WELL OVER 300,000 DEATHS A YEAR ARE SMOKING-RELATED, BUT THERE WERE ONLY 8,500 AIDS-RELATED DEATHS LAST YEAR.

I SHOULD ADD THAT THE MORTALITY RATE FOR AIDS IS VIRTUALLY 100 PERCENT, WHICH MAY BE HIGHER THAN THE MORTALITY RATE FOR SMOKERS. THE KEY DIFFERENCE, OF COURSE, IS THAT YOU CAN'T PREDICT WHICH SMOKERS ARE GOING TO DIE.

AND EVEN THAT NEEDS SOME EXPLANATION. LET'S LOOK, FOR EXAMPLE, AT TWO YOUNG MEN, EACH 22 YEARS OF AGE. BOTH HAVE A LIFE EXPECTANCY OF ABOUT 66 YEARS. ONE YOUNG MAN BECOMES INFECTED TODAY WITH THE HUMAN IMMUNODEFICIENCY VIRUS, OR H.I.V., AND WILL VERY LIKELY DIE OF THE DISEASE OF AIDS AND ITS COMPLICATIONS BEFORE HE TURNS 30. HE WILL DIE PREMATURELY, THEN, BY ABOUT 36 YEARS.

THE SECOND YOUNG MAN OF 22 BEGINS TO SMOKE CIGARETTES TODAY AND CONTINUES TO SMOKE THEM FOR THE REST OF HIS LIFE. HE WILL VERY LIKELY DIE OF HEART DISEASE OR LUNG CANCER AROUND THE AGE OF 56, ALL OTHER THINGS BEING EQUAL. HE WILL DIE PREMATURELY BY ABOUT 10 YEARS.

YES, THE AIDS VIRUS, COMPARED TO CIGARETTE SMOKING, DOES SHORTEN PEOPLE'S LIVES MORE QUICKLY THAN TOBACCO DOES. BUT THE QUALITY OF LIFE FOR BOTH VICTIMS IS SADLY DIMINISHED. AND FOR BOTH, PRE-MATURE DEATH IS PREMATURE DEATH. THE VICTIM DISAPPEARS EARLY ... AND FOREVER.

SO, ESSENTIALLY, THE OUTCOME OF A LIFE OF CIGARETTE SMOKING IS NO DIFFERENT FROM THE OUTCOME OF AN ADMITTEDLY SHORTER LIFE OF SODOMY AND DRUG ADDICTION: YOU'RE DEAD TOO SOON.

AND BOTH CONDITIONS -- THAT IS, BEING A CIGARETTE SMOKER AND BEING H.I.V.-POSITIVE -- ARE THE RESULTS OF WILLFUL PERSONAL BEHAVIOR. YOU DON'T "CATCH" AN ADDICTION TO TOBACCO AS YOU DON'T "CATCH" AIDS. YOU HAVE TO DO SOMETHING IN BOTH INSTANCES. HENCE, THE VERY BEST WEAPON WE HAVE TO FIGHT BOTH DISEASE CONDITIONS -- TOBACCO ADDICTION AND H.I.V. INFECTION -- IS EDUCATION ... EDUCATION ... AND MORE EDUCATION.

THERE IS, HOWEVER, ONE KEY DIFFERENCE BETWEEN THE TWO: CIGARETTE SMOKING IS ACTIVELY PROMOTED BY THE CIGARETTE INDUSTRY ITSELF, WHICH IS THE PRINCIPLE AND COMMERCIAL BENEFICIARY OF THIS ADDICTION. THEREFORE, THE GOVERNMENT'S ROLE IN TRYING TO REDUCE AND EVEN ELIMINATE CIGARETTE SMOKING IS A ROLE MADE POSSIBLE BY TWO CLAUSES IN ARTICLE I, SECTION 8 OF THE U.S. CONSTITUTION: THE "GENERAL WELFARE" CLAUSE AND THE "COMMERCE CLAUSE."

THESE TWO CLAUSES ARE THE BASIS FOR ALL GOVERNMENTAL AGENCIES THAT REGULATE COMMERCE SO AS TO PROTECT THE HEALTH AND SAFETY OF THE AMERICAN PEOPLE: THE ENVIRONMENTAL PROTECTION AGENCY, FOR EXAMPLE, OR THE CONSUMER PRODUCT SAFETY COMMISSION OR THE FOOD AND DRUG ADMINISTRATION, AND SO ON.

BUT AIDS IS A DIFFERENT MATTER. THERE IS NO H.I.V. "INDUSTRY," OF COURSE. THEREFORE, ANY GOVERNMENTAL ACTION AGAINST AIDS MUST BE WITHIN THE SAME PUBLIC HEALTH FRAMEWORK AS THE ACTIONS WE TAKE AGAINST INFLUENZA, HYPERTENSION, MEASLES, OR TOOTH CAVITIES: THAT IS, WE BALANCE THE "GENERAL WELFARE" CLAUSE AGAINST THE APPROPRIATE AMENDMENTS TO THE CONSTITUTION ... BEGINNING, OF COURSE, WITH THE FIRST 10, THE "BILL OF RIGHTS."

WE CAN, THEREFORE, PASS LAWS -- AND ENFORCE THEM -- TO PROHIBIT THE SALE OF CIGARETTES TO YOUNG PEOPLE -- OR TO PERSONS OF <u>ANY</u> AGE, IF WE WANTED TO -- AND LABEL CIGARETTE PACKAGES WITH THE "SURGEON GENERAL'S WARNINGS" AND LEVY HIGH TAXES ON EVERY SALE, AND SO FORTH.

AND ONE DAY WE MAY EVEN FIGURE OUT HOW TO CLOSE DOWN THE TOBACCO INDUSTRY ALTOGETHER, WITHOUT MASSIVE DISRUPTION TO THE LIVES OF THOUSANDS OF FARMERS AND FACTORY WORKERS AND SHOP-KEEPERS.

BUT WE HAVE A MUCH MORE DIFFICULT TIME PASSING LAWS -- AND ENFORCING THEM -- THAT PROHIBIT CONSENSUAL SODOMY WITHOUT A CONDOM OR PROMISCIOUS HETEREOSEXUAL INTERCOURSE OR THE USE OF CONTAMINATED NEEDLES WHILE "SHOOTING UP" WITH DANGEROUS DRUGS. NOR IS IT A SIMPLE MATTER TO KEEP RECORDS ON PEOPLE WITH AIDS, IF THOSE RECORDS CAN BE USED AGAINST THEM IN SOME WAY.

BUT BOTH CIGARETTE SMOKING AND AIDS HAVE SOMETHING ELSE IN COMMON, AND THAT'S THEIR INTERNATIONAL CHARACTER. BOTH NOW SHARE TOP BILLING AT THE WORLD HEALTH ORGANIZATION IN GENEVA. AND I'M AFRAID THAT THE AMERICAN CIGARETTE MANUFACTURERS WORKED VERY HARD TO EARN THAT TOP POSITION.

FOR EXAMPLE, EARLIER THIS YEAR MR. J.T. BUNN OF THE LEAF TOBACCO EXPORTERS ASSOCIATION TOLD THE INTERAGENCY COMMITTEE ON SMOKING AND HEALTH -- WHICH I CHAIR -- THAT IN 1987 "...THE VALUE OF U.S. EXPORTS OF LEAF TOBACCO AND TOBACCO PRODUCTS TOTALLED $3.3 BILLION. THE VALUE OF U.S. TOBACCO IMPORTS TOTALLED ABOUT $705 MILLION."

MR. BUNN THEN PROUDLY POINTED OUT THAT "OUR NET FAVORABLE BALANCE OF TOBACCO TRADE WAS $2.6 BILLION. THIS IS AN IMPORTANT CONTRIBUTION TO OUR BALANCE OF PAYMENTS," MR. BUNN CONCLUDED.

WELL, MAYBE IT IS. BUT OTHERS DON'T QUITE SEE IT THAT WAY.

IN 1987 IN TOKYO, REPRESENTATIVES OF 15 ASIAN COUNTRIES ATTENDED A W.H.O. "REGIONAL WORKING GROUP ON TOBACCO OR HEALTH." HERE ARE SOME OF THE THINGS REPORTED AT THAT MEETING BY THE TOP HEALTH EXPERTS FROM THOSE 15 ASIAN COUNTRIES:

FIRST, THEY SAID THAT CIGARETTE CONSUMPTION EVERYWHERE IN ASIA WAS RISING FASTER THAN THE OVERALL RISE IN POPULATION, WHICH IS SAYING SOMETHING IN ITSELF. THE PEOPLE'S REPUBLIC OF CHINA, FOR EXAMPLE, REPORTED THAT 90 PERCENT OF ITS MEN SMOKE ... PAPUA NEW GUINEA REPORTED THAT 85 PERCENT OF ITS MEN NOW SMOKE ... THE PHILIPPINES, 78 PERCENT ... AND SO ON.

AND LISTEN CAREFULLY TO THIS: IN CHINA, WHERE COUPLES ARE SUPPOSED TO HAVE ONLY 1 CHILD PER FAMILY, THERE ARE AT THIS MOMENT AN ESTIMATED 50,000,000 CHILDREN WHO WILL DIE PREMATURELY FROM SMOKING.

SECOND, IN 10 OF THOSE 15 ASIAN COUNTRIES, AMERICAN CIGARETTES WERE THE MOST COMMON KIND IMPORTED. THEY DON'T CARRY THE SURGEON GENERAL'S WARNING, EVEN THOUGH MANY ARE MANUFACTURED WITH A HIGHER TAR CONTENT AND ARE, THEREFORE, EVEN MORE DANGEROUS THAN THE LOWER-TAR, FULLY-LABELLED PRODUCTS SOLD HERE IN THE STATES.

THIRD, AND NOT SURPRISINGLY, THESE SAME 15 COUNTRIES REPORTED THAT COMMUNICABLE DISEASE WAS NO LONGER THE NUMBER ONE PUBLIC HEALTH MENACE IN ASIA. TODAY, THE TOP THREE CAUSES OF DEATH IN ASIA ARE -- CAN YOU GUESS? -- THE SAME THREE SMOKING-RELATED CAUSES OF DEATH THAT PREVAIL HERE IN THE UNITED STATES: HEART DISEASE, CANCER, AND STROKE.

IN OTHER WORDS, THE TOBACCO EPIDEMIC AND ITS LETHAL CONSEQUENCES HAVE HIT ASIA ... AND -- THANKS TO OUR OWN CIGARETTE INDUSTRY -- HAVE HIT ASIA HARD.

BUT THE CIGARETTE SMOKING EPIDEMIC BEING WHAT IT IS -- A CROSS BETWEEN PUBLIC HEALTH AND INTERNATIONAL COMMERCE -- WE FIND, COUNTRY-BY-COUNTRY, THAT THE STRONGEST OPPONENTS ARE OFTEN CONSUMERS AS WELL AS PHYSICIANS. IN FACT, THE I.O.C.U., OR INTERNATIONAL ORGANIZATION OF CONSUMERS UNIONS -- NOT A U.N. GROUP, BY THE WAY -- HAS A SEPARATE ANTI-SMOKING SUB-GROUP THAT GOES BY THE NAME OF "ACTION GROUPS TO HALT THE ADVERTISING AND SPONSORSHIP OF TOBACCO" -- OR "AGHAST."

ONE OF "AGHAST'S" KEY ACTIVITIES IS TO SUPPORT THE WORLD HEALTH ORGANIZATION'S ANNUAL "WORLD NO-TOBACCO DAY" ON APRIL 7. AFFILIATED MEMBERS OF "AGHAST" -- MOSTLY NATIONAL CONSUMER COUNCILS -- HAVE HAD ROUSING AND SUCCESSFUL "NO SMOKING DAYS" IN PLACES LIKE FIJI, HONG KONG, INDIA, MALAYSIA, AND THAILAND.

IF THIS SOUNDS SUSPICIOUSLY LIKE OUR OWN "GREAT AMERICAN SMOKE-OUT," WHICH WE SPONSOR HERE EVERY YEAR IN NOVEMBER, THAT'S BECAUSE IT IS. AND I'M PLEASED TO SAY THAT I AND OUR P.H.S. OFFICE ON SMOKING AND HEALTH HAVE HAD SOMETHING TO DO WITH SPREADING THE IDEA TO OUR FRIENDS OVERSEAS.

I SHOULD ADD THAT MR. J.T. BUNN, THE TOBACCO EXPORTER, WARNED ME LAST FEBRUARY THAT IF I CONTINUE TO PROMOTE ANTI-SMOKING CAMPAIGNS WORLDWIDE -- WHICH I HAVE SURELY DONE -- I WOULD BE "TELLING OUR FOREIGN FRIENDS HOW TO CONDUCT TRADE AND HOW TO CHANGE THEIR HABITS. IT PROJECTS FOR THE U.S. AN IMAGE OF 'THE UGLY AMERICAN,'" SAID MR. BUNN IN ONE OF THE BEST DEMONSTRATIONS OF BARE-FACED CYNICISM I HAVE HAD THE PRIVILEGE TO ENCOUNTER.

WELL, THEN, "UGLY AMERICAN" I AM ... AND "UGLY AMERICAN" I INTEND TO REMAIN, MR. J.T. BUNN.

SO MUCH FOR THE CIGARETTE EPIDEMIC.

THE AIDS EPIDEMIC IS A DIFFERENT MATTER, HOWEVER. THE UNITED STATES HAS BEEN A WORLD LEADER IN THE EFFORT TO ISOLATE AND IDENTIFY THE AIDS VIRUS AND IN THE BATTLE TO STOP THE EPIDEMIC AND TURN IT AROUND. WE ESTABLISHED WHAT IS THE MODEL SYSTEM SO FAR FOR REPORTING AIDS AND WE'VE HELPED A NUMBER OF COUNTRIES, ESPECIALLY THOSE IN SUB-SAHARA AFRICA, TO DO THE SAME.

WE'VE ALSO FINANCED MOST OF THE RESEARCH IN THE DISEASE, BOTH HERE AND ABROAD, EITHER DIRECTLY OR THROUGH W.H.O.'s "GLOBAL PROGRAMME ON AIDS."

BUT DESPITE THESE GOOD WORKS, THE EPIDEMIC IS SPREADING THROUGHOUT 135 COUNTRIES OF THE WORLD, AS IT IS SPREADING HERE IN THE UNITED STATES.

WHILE OUR CASELOAD IS COMPRISED MAINLY OF HOMOSEXUALS, BISEXUAL MEN, AND INTRAVENOUS DRUG ABUSERS, THE CASELOAD IN OTHER COUNTRIES IS RISING MAINLY BECAUSE OF H.I.V.-INFECTED BLOOD AND BLOOD PRODUCTS AND A VERY HIGH PROPORTION OF H.I.V.-INFECTED PROSTITUTES ... IN SOME AREAS UP TO 90 PERCENT OF THE FEMALE PROSTITUTES CARRY THE AIDS VIRUS.

BUT MANY COUNTRIES OF THE WORLD HAVE YET TO DEAL CANDIDLY WITH THE UNSETTLING NATURE OF THE AIDS EPIDEMIOLOGICAL DATA, AS WE HAD TO DO A FEW YEARS AGO. FOR EXAMPLE, IN HONG KONG IT IS AGAINST THE LAW TO ENGAGE IN HOMOSEXUAL SEX. THEREFORE, SAY THE AUTHORITIES OF HONG KONG, SEXUAL PROMISCUITY AMONG HOMOSEXUALS DOES NOT OCCUR IN HONG KONG.

BUT IT DOES AND THE HONG KONG AIDS REPORTS ARE BEGINNING TO OFFER PROOF THAT IT DOES. HOWEVER, THE OFFICIAL POSITION OF DENIAL HAS PREVENTED THE LAUNCHING OF A USEFUL AIDS EDUCATION PROGRAM DIRECTED TOWARD HOMOSEXUALS AND OTHER HIGH-RISK GROUPS.

FORTUNATELY, WE'VE ALREADY PASSED THROUGH THAT STAGE OF SENSITIVITY TRAINING. FOR A WHILE IN 1986 AND 1987, I WAS THE ONLY PUBLIC FIGURE USING SUCH WORDS AND PHRASES AS "CONDOM," "ANAL SEX," "VAGINAL SEX," AND "SEMEN."

I CAN'T SAY IT WAS EXACTLY A PRIVILEGE TO HAVE BEEN SO CENTRALLY INVOLVED. NEVERTHELESS, I BELIEVE THAT THE AMERICAN PEOPLE -- ASSISTED, I WOULD HOPE, BY THEIR SURGEON GENERAL -- HAVE PASSED THROUGH THAT PERIOD OF GREAT DISCOMFORT AND ARE DEALING WITH THIS EPIDEMIC IN A RESPONSIBLE, MATURE WAY.

I WILL CONFESS TO YOU THAT IT WAS VERY DIFFICULT FOR THIS 70-YEAR-OLD HETEROSEXUAL MALE CELEBRATING HIS 49TH WEDDING ANNIVERSARY TO TALK ABOUT SOME OF THESE THINGS. BUT I DID ... AND NOW THAT'S ALL BEHIND US.

I MAKE THE POINT, HOWEVER, TO ILLUSTRATE HOW FAR ALONG WE HAVE COME AS A SOCIETY, DEALING WITH THE DIFFICULT ISSUE OF AIDS, COMPARED TO MANY OTHER SOCIETIES IN THE WORLD WHO ARE ALSO EXPERIENCING THE FIRST EFFECTS OF THIS TERRIBLE EPIDEMIC.

THESE TWO PUBLIC HEALTH EPIDEMICS -- CIGARETTE SMOKING AND AIDS -- ARE NOT THE ONLY THINGS THAT CONCERN ME ABOUT THE HEALTH OF OUR NATION. I SPEND A GREAT DEAL OF TIME AND ENERGY ON ALCOHOLISM AND DRUNK DRIVING ... ON DRUG ABUSE ... ON MATTERS AFFECTING MATERNAL AND CHILD HEALTH ... AND ON THE STUDY OF THE HEALTH EFFECTS OF ABORTION ON WOMEN, WHICH THE PRESIDENT ASKED ME TO CARRY OUT.

BUT FOR SHEER NUMBERS OF HOURS, VOLUMES OF MAIL, AND LOGS OF PHONE CALLS, AND PERSONAL VISITS TO MY OFFICE, THE TWO LEADING ISSUES ARE AIDS AND CIGARETTES BY FAR.

I HOPE THIS HAS BEEN HELPFUL TO YOU IN SEEING THESE TWO MAJOR HEALTH PROBLEMS IN A SLIGHTLY DIFFERENT PERSPECTIVE. AND NOW, IF YOU WISH, I'D BE HAPPY TO ANSWER ONE OR TWO QUESTIONS.

THANK YOU.

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