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ADDRESS

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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.

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 SOCIETY TODAY...AND TOMORROW.

FIRST...A LITTLE HISTORY.

ALMOST SIX YEARS AGO, IN JUNE 1981, THE PUBLIC HEALTH SERVICE PUBLISHED THE FIRST REPORTS OF 5 CASES OF <u>PNEUMOCYSTIS CARINIII</u> PNEUMONIA. THEY ALL OCCURRED 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.

SOON, THERE WERE SIMILAR REPORTS TRICKLING IN FROM OTHER CITIES AS WELL. THEN, A MONTH LATER, THE PUBLIC HELATH SERVICE PUBLISHED A REPORT THAT 26 YOUNG MEN HAD BEEN RECENTLY DIAGNOSED AS HAVING KAPOSI'S SARCOMA, "AN UNCOMMONLY REPORTED MALIGNANCY" USUALLY FOUND -- IF AT ALL -- AMONG ELDERLY MEN.

THESE 26 YOUNG MEN WITHG KAPOSI'S SARCOMA, LIKE THOSE FIRST 5 IN LOS ANGELES WITH PNEUMOCYSTOSIS, WERE YOUNG HOMOSEXUALS. AND, IN THAT SAME MONTH, WE PUBLISHED 10 NEW REPORTS OF PNEUMOCYSTOSIS...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.

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

APPARENTLY THESE MEN 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 ABOUT A YEAR 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 NOW MORE THAN 36,000.

OVER HALF 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 H.I.V. VIRUS WAS A VERY IMPORTANT DEVELOPMENT. ONCE YOU KNOW WHERE THE AIDS VIRUS IS, YOU CAN THEN IDENTIFY THE 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 COME DOWN TO ABOUT 4 CONTAMINATED UNITS PER 1 MILLION UNITS OF TRANSFUSED BLOOD.

AND 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, THE NUMBER COULD JUST AS WELL BE 400,000 OR 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 SARCOMA OR ANY OF THE VIRULENT MEGALOVIRAL DISEASES.

ONE MAJOR COMPLICATION FOR MAKING ESTIMATES AND "GUESSTIMATES" IS THE LENGTH OF THE INCUBATION PERIOD OF THE H.I.V. IT CHANGES. APPARENTLY IT CAN BE ANYWHERE FROM A YEAR OR SO IN SOME PEOPLE TO 10 YEARS IN OTHERS.

THEREFORE, WE 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...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 ABOUT $300 MILLION IN FEDERAL FUNDS THIS YEAR, PLUS MANY MILLIONS MORE IN STATE AND PRIVATE SECTOR FUNDS.

ONE NEW EXPERIMENTAL DRUG -- AZIDOTHYMIDINE, 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 PNEUMO-CYSTIS 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 EVERBODY 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. WE COULD BE TALKING ABOUT THE END OF THIS CENTURY -- AT THE EARLIEST.

NATURALLY, WE'RE MOVING AHEAD ON THIS FRONT AS QUICKLY AS WE CAN. BUT 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 19 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.

WHEN WE FIRST BEGAN TO CONFRONT THE AIDS EPIDEMIC, THE PEOPLE AT HIGHEST RISK WERE EITHER HOMOSEXUALS AND BISEXUAL MEN OR 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 WERE OF SUCH HETEROSEXUAL MEN AND WOMEN...A PERCENTAGE, BY THE WAY, THAT'S CLIMBING.

ANOTHER CONCERN IS THE RISE IN AIDS AMONG BLACKS AND HISPANICS. BLACKS ACCOUNT FOR 12 PERCENT OF THE 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.

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 NOW WE NEED TO DIRECT OUR INFORMATION AND EDUCATION EFFORTS OUT TO <u>HETEROSEXUAL</u> MEN AND WOMEN...WHICH IS TO SAY, TO SOCIETY AT LARGE.

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

GROUPS LIKE THE NATIONAL EDUCATION ASSOCIATION AND THE NATIONAL P.T.A....

THE NATIONAL COUNCIL OF CHURCHES AND THE CHRISTIAN LIFE COMMISSION OF THE SOUTHERN BAPTIST CONVENTION...

THE SYNAGOGUE COUNCIL OF AMERICA AND THE NATIONAL CONFERENCE OF CATHOLIC BISHOPS...

I TALKED WITH THE NATIONAL COALITION OF BLACK AND LESBIAN GAYS AND THE WASHINGTON BUSINESS GROUP ON HEALTH....AND MANY, MANY OTHERS...I TALKED WITH 26 GROUPS IN ALL.

THEY WERE ALL EXTRAORDINARILY CANDID AND HELPFUL.

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

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 ARE JUST THREE MESSAGES THAT ARE VITALLY IMPORTANT:

THE <u>FIRST MESSAGE</u> 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 <u>SECOND MESSAGE</u> 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 <u>MAINTAIN A FAITHFUL, MONOGAMOUS RELATIONSHIP</u> IN WHICH YOU HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

MY THIRD MESSAGE IS FOR PEOPLE WHO AREN'T ABSTINENT BUT DON'T YET HAVE A FAITHFUL MONOGAMOUS RELATIONSHIP...FOR WHATEVER REASON. 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 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 WOMAN, 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.

NOW, LET ME PAUSE FOR A MOMENT AND FOCUS ON AN ISSUE THAT IS GAINING ALMOST AS MUCH ATTENTION AS THE AIDS VIRUS ITSELF. THAT ISSUE IS...HOW SHOULD WE EDUCATE OUR YOUNG PEOPLE ABOUT AIDS AND ABOUT THEIR SEXUALITY. WHO SHOULD DO IT? AND WHEN?

FIRST OF ALL, LET'S BE ABSOLUTELY CLEAR ABOUT MY PERCEPTION OF WHO DOES WHAT IN EDUCATING AMERICA'S CHILDREN. I BELIEVE THAT EDUCATION IS A LOCAL MATTER...THAT PARENTS AND THE COMMUNITY CONTROL WHAT GOES ON IN OUR SCHOOLS...THAT THE SYSTEM HAS SERVED US VERY WELL FOR OVER 200 YEARS AND I HAVE ABSOLUTELY NO DESIRE TO QUARREL WITH OR CHANGE IT.

I ALSO HAPPEN TO BELIEVE THAT THE FEDERAL GOVERNMENT SHOULD CONTINUE TO PLAY A STRONG SUPPORTING ROLE BY PROVIDING TIMELY, FACTUAL, AND IMPARTIAL INFORMATION FOR SCHOOLS TO USE. I TRIED TO DO THAT IN THE SURGEON GENERAL'S REPORT ON AIDS AND I THINK I WAS SUCCESSFUL.

AND WHEN I OFFER ADVICE -- WHICH HAS ALWAYS BEEN A MAJOR PART OF THE SURGEON GENERAL'S JOB, BY THE WAY -- IT IS JUST THAT: ADVICE.

HENCE, IN ADDITION TO THE FACTS ABOUT THE DISEASE OF AIDS, I'VE BEEN ADDING MY ADVICE THAT ONE OF THE BEST THINGS OUR SOCIETY MIGHT DO TO PROTECT ITS YOUNG PEOPLE FROM THIS MORTAL THREAT IS TO EDUCATE THEM ABOUT HUMAN REPRODUCTIVE BIOLOGY AND THEIR OWN SEXUALITY...AND DO IT IN A WAY THAT IS FACTUALLY CORRECT AND PERSONALLY SENSITIVE.

MOST SCHOOLS NOW OFFER SOME MINIMUM KIND OF SEX EDUCATION DURING THE JUNIOR HIGH OR MIDDLE SCHOOL YEARS. OTHER SCHOOLS START IT MUCH EARLIER, INTRODUCING SOME OF THE CONCEPTS AT THE 4TH, 5TH, OR 6TH GRADES.

I THINK MOST EDUCATORS WOULD ALSO AGREE THAT SEX EDUCATION OUGHT TO BE AN INTEGRAL PART OF ANY SCHOOL'S COMPREHENSIVE HEALTH EDUCATION CURRICULUM, IN THERE WITH BRUSHING YOUR TEETH, DIET AND WEIGHT CONTROL, HOME SAFETY, AND PERSONAL HYGIENE.

OF COURSE, DEVELOPMENTAL AGE IN ALL THESE AREAS IS MORE IMPORTANT THAN CHRONOLOGICAL AGE.

I WOULD ALSO HOPE THAT, WHEN SEX EDUCATION DOES COME UP, IT IS IN THE CONTEXT OF A GENERAL DISCUSSION ABOUT THE NATURE OF SENSITIVE AND AFFIRMATIVE HUMAN RELATIONS.

I THINK MOST ADULTS UNDERSTAND THAT THERE'S MORE TO MALE-FEMALE RELATIONS THAN JUST "GOOD SEX." AND YOUNG PEOPLE OUGHT TO UNDERSTAND THAT, TOO.

WE MAY NOT ALWAYS ACHIEVE THE IDEAL RELATIONSHIP, BUT YOUNG PEOPLE OUGHT TO AT LEAST BE INTRODUCED TO THE NOTION OF WHAT THE IDEAL RELATIONSHIP COULD BE.

WHAT WOULD THIS "IDEAL" LOOK LIKE? I WON'T BE PRESCRIPTIVE HERE EITHER. BUT IT SEEMS TO ME WHAT WE ALL WANT IS A RELATIONSHIP THAT IS EQUITABLE, RESPECTFUL, LOVING, AND CARING. AND THAT'S THE KIND OF IDEAL THAT I'D DESCRIBE TO CHILDREN.

AS CHILDREN GET OLDER, I THINK I'D EXPLAIN THAT MOST PEOPLE SETTLE FOR LESS THAN THE IDEAL -- IN SEX AS IN ALMOST EVERYTHING ELSE. THAT'S WHAT IS COMMONLY KNOWN AS "THE HUMAN CONDITION." THERE'S NOTHING WRONG WITH CHILDREN UNDERSTANDING THAT EITHER.

THESE ARE IMPORTANT CONCEPTS CONCERNING HUMAN RELATIONSHIPS AND SEXUALITY AND I HAPPEN TO THINK THAT PARENTS OUGHT TO BE THE ONES TO TEACH THEM.

THE DIFFICULTY, OF COURSE, IS THAT IF PARENTS ARE TO EDUCATE THEIR CHILDREN ABOUT HUMAN RELATIONSHIPS -- SEXUAL AND OTHERWISE -- THEY MUST FIRST UNDERSTAND AND ACCEPT THE NATURE OF THEIR OWN. AND FOR MANY, THAT'S HARD TO DO.

PARENTS -- AND ADULTS IN GENERAL -- ARE NOT VERY GOOD ABOUT TALKING TO EACH OTHER ABOUT THEIR SEXUALITY. THIS IS CLEARLY A MAJOR REASON WHY SUCH THIRD PARTIES AS "DEAR ABBY" AND "DR. RUTH" ARE SO POPULAR. THEY DO ALL THE DIFFICULT VERBALIZING FOR US.

IT'S DIFFICULT FOR PARENTS...BUT I WANT PARENTS TO TRY. I WANT PARENTS TO TALK ABOUT THIS WITH COMPASSION...WITH RESPECT...WITH LOVE ...AND WITH SOME UNDERSTANDING NOT ONLY OF THE CHILD WHO'S LISTENING ...BUT ALSO OF THE ADULT WHO IS SPEAKING.

BUT WHEN PARENTS CAN'T GET THE JOB DONE, THEN I BELIEVE THERE'S A COMPELLING SOCIAL NEED FOR OUR SCHOOLS, CHURCHES, SYNAGOGUES, AND OTHER COMMUNITY INSTITUTIONS TO DO WHATEVER POSSIBLE TO PROVIDE OUR CHILDREN WITH THE INFORMATION THEY NEED TO UNDERSTAND THEIR SEXUALITY AND TO PROTECT THEMSELVES FROM AIDS.

OUR ONLY HOPE AS A NATION...AND AS A CIVILIZATION...IS THAT WE AMERICANS WILL DO OUR PART TO STOP THE SPREAD OF AIDS...THAT WE WILL PROTECT AND SAVE THE LIVES OF PEOPLE AT RISK, INCLUDING UNSUSPECTING YOUNG PEOPLE...AND THAT WE WILL RETURN HUMAN SEXUALITY BACK TO ITS RIGHTFUL PLACE, AS PART OF THE TOTAL COMPLEX OF HUMAN, CARING, INTERPERSONAL RELATIONS.

THAT'S A TALL ORDER. AND THERE ARE MANY CASANDRAS AROUND WHO SAY THAT IT CAN'T BE DONE...OR SHOULDN'T BE DONE.

BUT THEY'RE WRONG.

THE THING THAT KEEPS ME GOING THESE DAYS IS THAT I TRULY THINK THE GROWNUPS OF AMERICA WILL EVENTUALLY AGREE ON THESE AS BEING THE TASKS THAT REALLY MATTER...FOR THEMSELVES AND FOR THEIR CHILDREN...AND THAT THEY'LL SET ABOUT TO DO THEM.

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

THANK YOU.

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