

ORIGINAL

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. OF COURSE, YOU HAVE ME AT A GREAT DISADVANTAGE, WHEN MS. FAYE WATTLETON EXTENDS THE INVITATION ON YOUR BEHALF.

MS. WATTLETON AND I SHARE A RARE AND EXCEEDINGLY STRONG BOND. WE HAVE BOTH BEEN UNMERCIFULLY BADGERED BY ONE OF THE SHARPEST LEGAL MINDS IN THE COUNTRY, PROFESSOR ARTHUR MILLER OF HARVARD LAW SCHOOL.

THOSE OF YOU WHO MAY HAVE WATCHED FRED FRIENDLY'S SERIES ON ETHICS, THAT HAS BEEN SHOWN ON PUBLIC BROADCASTING STATIONS THIS WINTER, WILL KNOW WHAT I MEAN AND, THEREFORE, YOU WILL UNDERSTAND WHY IT'S A MATTER OF HONOR FOR VETERANS OF THAT PROGRAM TO COME TO EACH OTHER'S AID.

I ALSO FIND IT VERY DIFFICULT TO TURN ASIDE AN INVITATION TO SPEAK ABOUT TWO UNCONNECTED MATTERS -- SMOKING AND AIDS -- MATTERS THAT HAVE SHADOWED ME THROUGHOUT MY 8 YEARS AS YOUR SURGEON GENERAL.

A MEMBER OF MY STAFF SAID JUST THE OTHER DAY -- A BIT WISTFULLY, I THINK -- THAT HE WAS SORRY THAT SOMEHOW, DURING THE LAST FEW YEARS, OUR SCIENTISTS DID NOT DISCOVER THAT SMOKING CIGARETTES CAUSES AIDS. HE THOUGHT SUCH A DISCOVERY WOULD HAVE HELPED ME A GREAT DEAL IN MY DAY-TO-DAY JOB.

SUCH A DISCOVERY HAS NOT BEEN MADE AND I SERIOUSLY DOUBT THAT IT WILL. NEVERTHELESS, THEY ARE THE TWO PARAMOUNT ISSUES ON THIS SURGEON GENERAL'S AGENDA -- AND I'M AFRAID THEY WILL BE ON MY SUCCESSORS' AGENDA AS WELL FOR THE NEXT DECADE OR TWO.

LET ME BEGIN BY AT LEAST CLEARING UP A MATTER OF HISTORY. CONTRARY TO POPULAR BELIEF, I DID NOT INVENT THE ISSUE OF SMOKING.

IN FACT, JUST RECENTLY, ON JANUARY 11, WE MARKED THE 25TH ANNIVERSARY OF THE FIRST SURGEON GENERAL'S REPORT ON SMOKING AND HEALTH. IT WAS ISSUED IN 1964 BY THE LATE DR. LUTHER TERRY, A TRUE AMERICAN HERO. HE IS, BY THE WAY, THE ONLY SURGEON GENERAL TO BE BURIED IN ARLINGTON CEMETERY, AN HONOR GIVEN HIM BY PRESIDENTIAL ORDER.

WHEN THAT FIRST REPORT WAS RELEASED, 50 PERCENT OF AMERICAN MEN AND 32 PERCENT OF AMERICAN WOMEN SMOKED CIGARETTES.

TODAY, LESS THAN 32 PERCENT OF MEN AND LESS THAN 27 PERCENT OF WOMEN SMOKE CIGARETTES. IN FACT, FOR EACH OF THE PAST 14 YEARS, PER CAPITA CIGARETTE CONSUMPTION -- WHICH IS THE KEY NUMBER --- HAS STEADILY DECLINED, YEAR BY YEAR.

WE STILL HAVE ALMOST 50 MILLION AMERICANS WHO SMOKE -- FAR TOO MANY, IN MY BOOK -- BUT HAD THERE BEEN NO ANTI-SMOKING CAMPAIGN OVER THE PAST 25 YEARS, WE WOULD HAVE HAD OVER 100 MILLION SMOKERS TODAY ... AND ALL THE MEDICAL AND PUBLIC HEALTH CHAOS THAT WOULD GO WITH THEM. SO WE'VE MADE SOME REAL PROGRESS.

IN ADDITION, YEAR AFTER YEAR, WE'VE LAID OUT BEFORE THE AMERICAN PEOPLE -- AND THE PEOPLE OF THE WORLD -- THE MOUNTING AND CONCLUSIVE EVIDENCE AGAINST CIGARETTE SMOKING. DURING MY TENURE ALONE WE'VE ISSUED SEVEN LANDMARK REPORTS.

IN 1982, WE CLEARLY LINKED SMOKING TO CANCER, AND I DON'T BELIEVE THE TOBACCO INDUSTRY HAS EVER QUITE RECOVERED FROM THAT ONE. THE RESEARCH IN THAT REPORT HAS CONTRIBUTED SUBSTANTIALLY TO THE HUNDREDS OF LIABILITY SUITS BROUGHT AGAINST CIGARETTE MANUFACTURERS.

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 HAVE BECOME THE BASIS FOR AN EXTRAORDINARY NUMBER OF NEW ANTI-SMOKING LAWS AND POLICIES FOR RETAIL ESTABLISHMENTS, MANUFACTURING, BUSINESS OFFICES, AND GOVERNMENT BUILDINGS.

AND THE 1987 REPORT PRESENTED CONVINCING EVIDENCE THAT CIGARETTES AND OTHER TOBACCO PRODUCTS ARE CLINICALLY ADDICTING.

THE NICOTINE IN TOBACCO DOES CAUSE ADDICTION, AND WE'VE FOUND THAT THE PHARMACOLOGIC AND BEHAVIORAL PROCESSES THAT DETERMINE TOBACCO ADDICTION ARE THE SAME AS THE PROCESSES THAT MAKE COCAINE AND HEROIN ADDICTIVE.

PEOPLE DON'T LIKE TO HEAR THAT. I SUSPECT THAT SOME OF THE SMOKERS HERE OR SOME OF THE PEOPLE WHO ARE CONNECTED WITH CIGARETTE ADVERTISING OR PUBLIC RELATIONS ESPECIALLY DON'T LIKE TO HEAR THAT.

BUT IT'S TRUE.

I SHOULD ADD THAT THE DEFINITIONS USED IN THAT REPORT ARE NOT MINE. TOBACCO IS AN ADDICTIVE DRUG, NOT JUST BECAUSE C. EVERETT KOOP SAYS SO, BUT BECAUSE THE WORLD HEALTH ORGANIZATION, THE AMERICAN PSYCHIATRIC ASSOCIATION, AND THE AMERICAN MEDICAL ASSOCIATION SAY SO.

ACCORDING TO THESE ORGANIZATIONS ...

- * 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 STRONGLY BELIEVE THAT YOUNG PEOPLE NEED TO BE WARNED ABOUT THE ADDICTIVE NATURE OF TOBACCO, BECAUSE -- LET'S NOT KID OURSELVES -- RIGHT NOW, YOUNG PEOPLE ARE THE PREFERRED TARGET OF TOBACCO ADVERTISING AND PUBLIC RELATIONS.

THAT'S NOTHING LESS THAN A CYNICAL, DESPERATION STRATEGY BY AN INDUSTRY WHOSE DAYS ARE NUMBERED IN THIS COUNTRY.

PEOPLE OFTEN ASK ME HOW THE SMOKING ISSUE COMPARES IN GRAVITY TO THE ISSUE OF AIDS. THAT'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.

SMOKING AS A HEALTH ISSUE HAS BEEN ON OUR PUBLIC HEALTH AGENDA FOR 25 YEAR AT LEAST.

AIDS, ON THE OTHER HAND, HAS NOT YET PASSED ITS FIRST DECADE AS AN IDENTIFIABLE DISEASE. AND ITS RESEARCH ARCHIVE, WHILE QUITE 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 390,000 DEATHS A YEAR ARE SMOKING-RELATED, BUT ONLY 11,200 AIDS-RELATED DEATHS WERE REPORTED TO US LAST YEAR.

HERE'S ANOTHER WAY OF PUTTING IT: THE NUMBER OF PEOPLE WHO HAVE DIED OF AIDS IN THE PAST 8 YEARS EQUALS THE NUMBER OF PEOPLE WHO DIE OF SMOKING-RELATED CAUSES EVERY 7 WEEKS.

SO THERE'S QUITE A DIFFERENCE IN THE ORDER OF MAGNITUDE.

BUT I SHOULD ADD THAT THE MORTALITY RATE FOR AIDS IS VIRTUALLY 100 PERCENT, WHICH IS HIGHER THAN THE MORTALITY RATE FOR SMOKERS. AND THE KEY DIFFERENCE, OF COURSE, IS THAT YOU CAN'T PREDICT WHICH SMOKERS ARE GOING TO DIE; WHEREAS, YOUR PREDICTIONS FOR PERSONS WITH AIDS ARE VIRTUALLY 100 PERCENT ACCURATE.

BUT EVEN THAT NEEDS SOME QUALIFICATION. LET'S LOOK, FOR EXAMPLE, AT TWO YOUNG MEN, EACH 22 YEARS OF AGE. BOTH MEN AT THAT AGE HAVE A STATISTICAL LIFE EXPECTANCY OF ABOUT 74 YEARS ... IN OTHER WORDS, THEY CAN ANTICIPATE ANOTHER 52 YEARS OF LIFE AHEAD OF THEM.

NOW LET'S SAY THAT ONE YOUNG MAN BECOMES INFECTED TODAY WITH THE HUMAN IMMUNODEFICIENCY VIRUS, OR H.I.V. HE WILL VERY LIKELY DIE OF AIDS AND ITS COMPLICATIONS BEFORE HE TURNS 30.

WE SAY, THEREFORE, THAT HE WILL DIE PREMATURELY BY ABOUT 44 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 ALSO WILL DIE PREMATURELY, BUT BY ABOUT 18 YEARS.

SO ... 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 GREATLY DIMINISHED, REGARDLESS OF THE NUMBER OF YEARS THEY HAVE.

AND FOR BOTH, PREMATURE DEATH IS PREMATURE DEATH. THE VICTIM DISAPPEARS EARLY ... AND FOREVER.

SO, ESSENTIALLY, THE OUTCOME OF A LIFE OF CIGARETTE SMOKING IS NOT VERY DIFFERENT FROM THE OUTCOME OF AN ADMITTEDLY SHORTER LIFE SPENT ENGAGING IN THE HIGH-RISK BEHAVIOR THAT LEADS TO AIDS: YOU'LL BE DEAD ... AND DEAD TOO SOON.

AND BOTH CONDITIONS -- THAT IS, BEING A CIGARETTE SMOKER AND TESTING POSITIVE FOR AIDS -- ARE THE RESULTS OF WILLFUL PERSONAL BEHAVIOR: IN OTHER WORDS, 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 SOLE BENEFICIARY OF THIS PUBLIC ADDICTION. SINCE IT ENGAGES IN INTERSTATE COMMERCE, THE CIGARETTE INDUSTRY CAN BE REGULATED BY THE PUBLIC AND BY GOVERNMENT.

BUT AIDS IS A DIFFERENT MATTER.

THERE IS NO AIDS "INDUSTRY," ANALOGOUS TO THE TOBACCO INDUSTRY. THEREFORE, ANY ACTION BY THE PUBLIC AND THE GOVERNMENT AGAINST AIDS FALLS INTO THE CATEGORY OF EDUCATION ... OF PERSUASION ... OF INFLUENCING HUMAN BEHAVIOR ... AND SO ON.

WE MUST DO THE KIND OF THING WE'VE DONE IN REGARD TO THE BATTLES AGAINST HYPERTENSION, DRUG ABUSE, TEENAGE PREGNANCY, OR DRUNK DRIVING.

WE CAN PASS LAWS TO PROHIBIT THE SALE OF CIGARETTES TO YOUNG PEOPLE OR TO MANDATE CERTAIN WARNING LABELS FOR CIGARETTE PACKAGES OR TO LEVY HIGH TAXES ON EVERY PACKAGE SOLD. AND THOSE LAWS SEEM TO HAVE AN EFFECT.

BUT WE HAVE A MUCH MORE DIFFICULT TIME PASSING LAWS -- AND ENFORCING THEM -- TO PROHIBIT CONSENSUAL SODOMY WITHOUT A CONDOM ... OR PROMISCUOUS HETEROSEXUAL 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 EVER BE SOMEHOW USED AGAINST THOSE PEOPLE IN SOME WAY.

SO THERE ARE MANY THINGS ABOUT SMOKING AND AIDS THAT MAKE THOSE HEALTH THREATS QUITE DIFFERENT FROM EACH OTHER. HOWEVER, THEY DO HAVE ONE ASPECT IN COMMON: AND THAT IS THEIR INTER-NATIONAL CHARACTER.

TOBACCO AND AIDS NOW SHARE TOP BILLING AT THE WORLD HEALTH ORGANIZATION IN GENEVA. AND I HAVE TO SAY THAT THE AMERICAN CIGARETTE INDUSTRY WORKED VERY HARD TO EARN THAT TOP POSITION.

FOR EXAMPLE, 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 AMERICA'S "NET FAVORABLE BALANCE OF TOBACCO TRADE WAS \$2.6 BILLION. THIS IS AN IMPORTANT CONTRIBUTION TO OUR BALANCE OF PAYMENTS," MR. BUNN SAID.

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. 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 -- AND HERE'S WHERE WE DESERVE TO SQUIRM IN SHAME --
IN 10 OF THOSE 15 ASIAN COUNTRIES, AMERICAN CIGARETTES WERE THE
MOST COMMON KIND IMPORTED.

BUT THOSE AMERICAN CIGARETTES ARE A LITTLE DIFFERENT
OVERSEAS: FOR ONE THING, THEY DON'T CARRY THE SURGEON GENERAL'S
WARNING. AND FOR ANOTHER, MANY AMERICAN CIGARETTES MANUFACTURED
FOR EXPORT HAVE A HIGHER TAR CONTENT AND ARE, THEREFORE, EVEN
MORE DANGEROUS THAN THE LOWER-TAR, FULLY-LABELLED PRODUCTS SOLD
HERE IN THE UNITED STATES.

NOW, LET ME MAKE SURE YOU UNDERSTAND WHAT I JUST SAID. I SAID THAT SOME AMERICAN CIGARETTE MANUFACTURERS -- AS KNOWLEDGE-ABLE AS I AM, CONCERNING THE HEALTH RISKS OF SMOKING -- KNOWINGLY PRODUCE A MORE HARMFUL CIGARETTE FOR EXPORT THAN THEY PRODUCE FOR DOMESTIC CONSUMPTION.

WHAT DO YOU MAKE OF THAT? HOW DO YOU EXPLAIN SUCH UNFORGIVABLE CORPORATE CONDUCT? MAYBE YOU, WHO ARE IN LEADERSHIP POSITIONS IN THE PRIVATE SECTOR, HAVE SOME WAY OF EXPLAINING IT. I CERTAINLY DON'T.

SO, ONE, CIGARETTE CONSUMPTION IN ASIA IS OUT-RUNNING POPULATION GROWTH. TWO, AMERICAN CIGARETTES BEING CONSUMED THERE ARE OFTEN MORE DANGEROUS THAN THE SAME BRANDS SMOKED HERE IN THE STATES ... WHICH IS DANGEROUS ENOUGH.

AND THIRD -- AND NOT SURPRISINGLY -- THESE SAME 15 COUNTRIES AT THE W.H.O. WORKSHOP REPORTED THAT COMMUNICABLE DISEASES WERE COLLECTIVELY NO LONGER THE NUMBER ONE PUBLIC HEALTH MENACE IN ASIA. TODAY, THE TOP THREE CAUSES OF DEATH IN ASIA ARE ... CAN YOU GUESS?

THAT'S RIGHT. THE LEADING KILLER DISEASE OF MOST ASIANS ARE THE SAME LEADING KILLER DISEASES OF MOST AMERICANS: HEART DISEASE, CANCER, AND STROKE ... WHICH ALSO HAPPEN TO BE OVERWHELMINGLY RELATED TO SMOKING BEHAVIOR.

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

FORTUNATELY, THE ASIANS THEMSELVES ARE BEGINNING TO ORGANIZE THEIR OWN ANTI-SMOKING CAMPAIGNS AND WE'RE HELPING THEM AS MUCH AS WE CAN, WITHIN THE BOUNDARIES OF INTERNATIONAL PROTOCOL.

AND OUR EFFORTS HAVE NOT GONE UNNOTICED. MR. J.T. BUNN, THE VOICE OF TOBACCO, WARNED ME A YEAR AGO 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 CLEAREST DEMONSTRATIONS OF BARE-FACED CORPORATE CYNICISM I HAVE HAD THE DUBIOUS PRIVILEGE TO ENCOUNTER.

WELL, THEN, MR J. T. BUNN, "UGLY AMERICAN" I AM ... AND "UGLY AMERICAN" I INTEND TO REMAIN. AND YET, I'LL WAGER THAT, IN 15 YEARS' TIME, IT WILL BE YOU, MR. BUNN -- AND NOT I -- WHO WILL TRULY BE THE "UGLY AMERICAN" OVERSEAS.

BRIEFLY, THEN, THOSE ARE A FEW WORDS REGARDING THE CIGARETTE EPIDEMIC OVERSEAS. I FOCUSED ON ASIA, BECAUSE THE SITUATION IN EUROPE -- WHICH IS NOT GOOD EITHER -- HAS BEEN WIDELY REPORTED.

ALSO, THE EUROPEANS THEMSELVES ARE MUCH BETTER ORGANIZED FOR AN ANTI-TOBACCO CAMPAIGN. I JUST RETURNED FROM A MEETING IN VENICE, WHERE I PRESENTED OUR 25-YEAR EXPERIENCE TO ACHIEVE A "SMOKE-FREE AMERICA."

THE MEETING WAS SPONSORED BY THE ASSOCIATION FOR RESEARCH ON CANCER AND THE PARTICIPANTS WERE ALL COMMITTED TO ACHIEVING A "SMOKE-FREE EUROPE," BASED ON THE AMERICAN MODEL. THE EUROPEANS, OF COURSE, WILL BECOME A UNIFIED "ECONOMIC COMMUNITY" IN 1992 AND, EVEN IN MATTERS SUCH AS SMOKING AND HEALTH THEY ARE BEGINNING TO THINK AND WORK TOGETHER.

SO THAT'S SOME OF THE LATEST INFORMATION REGARDING CIGARETTES. NOW, WHAT ABOUT AIDS?

AIDS IS DIFFERENT.

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 HAS COME TO BE THE MODEL REPORTING SYSTEM FOR AIDS AND WE'RE HELPING A NUMBER OF COUNTRIES -- ESPECIALLY THOSE IN SUB-SAHARA AFRICA -- TO DO THE SAME THING, SO THEY WILL KNOW WHERE THE DISEASE IS MOST PREVALENT AND HOW PREVALENT IT IS.

WE'VE ALSO FINANCED MOST OF THE AIDS RESEARCH, BOTH HERE AND ABROAD, AND WE'RE DEEPLY INVOLVED IN W.H.O.'S "GLOBAL PROGRAMME ON AIDS."

THE PUBLIC HEALTH SERVICE IS SPENDING ABOUT CLOSE TO \$1.3 BILLION ON AIDS THIS YEAR, AND ABOUT TWO-THIRDS OF THAT IS GOING TO RESEARCH. THE PRESIDENT'S BUDGET REQUEST FOR FISCAL YEAR 1990 RECOMMENDS INCREASES ACROSS-THE-BOARD.

DESPITE THESE ENORMOUS INVESTMENTS, THE EPIDEMIC IS SPREADING THROUGHOUT 135 COUNTRIES OF THE WORLD, AS IT IS SPREADING HERE IN THE UNITED STATES.

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.

IN HONG KONG, FOR EXAMPLE, IT'S 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 OF COURSE IT DOES.

ELSEWHERE THE CASELOADS SEEM TO BE RISING MAINLY BECAUSE OF H.I.V.-INFECTED BLOOD AND BLOOD PRODUCTS, A RISK THAT WE'VE VIRTUALLY ELIMINATED HERE IN THE STATES.

ALSO, MANY NATIONS ARE NOW BEGINNING TO REPORT -- HOWEVER RELUCTANTLY -- A RISE IN TRANSMISSIONS VIA HETEROSEXUAL CONTACTS, TRACEABLE TO THE VERY HIGH PROPORTION OF H.I.V.-INFECTED PROSTITUTES. IN SOME CITIES IN CENTRAL AFRICA, FOR EXAMPLE, UP TO 90 PERCENT OF ALL FEMALE PROSTITUTES CARRY THE AIDS VIRUS. WE HAVE THIS PROBLEM, ALSO, BUT IT SEEMS TO BE CONTAINED AMONG PROSTITUTES WITHIN THE DRUG ABUSE COMMUNITY, WHICH IS DIFFERENT FROM THE AFRICAN EXPERIENCE.

WHAT'S THE PROGNOSIS FOR THIS EPIDEMIC?

GENERALLY SPEAKING, IT'S STILL NOT GOOD FOR THE FORESEEABLE FUTURE.

WHILE THE RATE OF SPREAD OF THE DISEASE SEEMS TO BE SLOWING DOWN AMONG THE LARGEST HIGH-RISK GROUP -- THAT IS, AMONG HOMOSEXUALS AND BISEXUAL MEN, THANKS TO STRONG EDUCATIONAL PROGRAMS -- THE VIRUS IS SPREADING AT A RATHER FAST PACE AMONG I.V. DRUG ABUSERS. AND THEY'RE THE PEOPLE WE'VE ALWAYS HAD TROUBLE REACHING WITH A PUBLIC HEALTH MESSAGE.

WE ARE JUST IN THE FIRST STAGES OF DEVELOPING A SAFE AND EFFECTIVE VACCINE, BUT I DON'T SEE US HAVING ONE MUCH BEFORE THE TURN OF THE CENTURY -- IF THEN. THE OTHER DRUGS WE'VE DEVELOPED DEAL WITH SYMPTOMS OF THE DISEASE -- THEY DON'T PROTECT ANYONE FROM THE DISEASE OF AIDS ITSELF.

I SPEND A GREAT DEAL OF MY TIME ON THESE TWO PUBLIC HEALTH EPIDEMICS -- CIGARETTE SMOKING AND AIDS -- BUT THEY ARE NOT THE ONLY THINGS THAT CONCERN ME ABOUT THE HEALTH OF OUR NATION.

I'M ALSO CONCERNED ABOUT DRUG ABUSE ... MATERNAL AND CHILD HEALTH ... THE HEALTH OF THE AGED IN AMERICA ... HANDICAPPED CHILDREN ... DOMESTIC VIOLENCE ... AND SO ON.

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

THERE AREN'T ANY EASY ANSWERS TO HELP US CONTROL AND REVERSE EITHER EPIDEMIC, THE OLDER EPIDEMIC OF SMOKING OR THE NEWER EPIDEMIC OF AIDS.

WHAT WE MUST DO, THEREFORE, IS WHAT WE'VE BEEN DOING SO FAR ... ONLY MORE SO: WE MUST CONTINUE TO APPLY HARD WORK, SCARCE RESOURCES, AND LOTS OF FAITH TO THESE ISSUES, IN THE HOPE THAT -- SOONER RATHER THAN LATER -- THE GOOD SENSE OF ALL PEOPLE EVERYWHERE WILL ULTIMATELY PREVAIL.

AND I THINK IT WILL.

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

THANK YOU.

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