

Surgeon General's Perspectives

C. EVERETT KOOP AND THE NATIONAL HIV/AIDS STRATEGY

On July 4, 1988, then-U.S. Surgeon General C. Everett Koop signed my commissioning papers, making me an officer in the U.S. Public Health Service Commissioned Corps. This connectivity with a public health legend set me on a pathway of service. His leadership style, his focus on mission, and his ability to elevate the role of the Surgeon General have made him a role model for many in public health. Widely regarded as the most influential Surgeon General, Dr. Koop passed away in February 2013 at the age of 96.

Among his accomplishments as a physician and public servant, Dr. Koop played a key role in the national response to human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Given that this issue of *Public Health Reports* (PHR) features three articles about HIV, I would be particularly remiss not to highlight Dr. Koop's place in public health history.

The articles about HIV/AIDS in this issue and many previous issues of *PHR* are products of his legacy. From the advent and rise of the AIDS epidemic that coincided with Dr. Koop's two terms as U.S. Surgeon General (1981–1989) to the commemoration of World AIDS Day on December 1, 2013, scientific progress has transformed an HIV diagnosis from a terrifying contagion to a manageable chronic condition. Dr. Koop, in particular, did more than any other U.S. public official to shift the public debate about AIDS “from the moral politics of homosexuality, sexual promiscuity, and intravenous drug use, practices through which AIDS was spread, to concern with the medical care, economic position, and civil rights of AIDS sufferers.”¹

Although the disease emerged in 1981, it was not until 1986 that Dr. Koop was asked by President Ronald Reagan to issue a Surgeon General's report on AIDS. The 36-page report discussed, in plain language, the nature of AIDS, its modes of transmission and risk factors, and ways for people to protect themselves, including through condom use.² Members of Congress, public health organizations, and parent-teacher associations eventually distributed 20 million copies of the report to the public. In May 1988, Dr. Koop sent an eight-page, condensed version of the AIDS report to all 107,000,000 households in the United States, one of the largest postal mailings in American history.



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It was the first time that the federal government had provided explicit information about sex to the public. Dr. Koop concluded, “If ever there was a disease made for a Surgeon General [to educate the public about], it was AIDS.”¹

In the 30 years since the first cases of HIV emerged and Dr. Koop took office, approximately 636,000 Americans have lost their lives to AIDS.³ Thanks to collective efforts within the country, including HIV testing, effective screening of the blood supply, screening and treating expectant mothers during pregnancy, reducing infections associated with injection drug use, and advances in HIV therapies, HIV transmission rates have been significantly reduced.⁴ Today, people with HIV are living longer and more productive lives. Still, approximately 50,000 people become newly infected each year and more than one million Americans are living with HIV.⁵ This number represents more people in need of testing, prevention, and treatment services. The first comprehensive National HIV/AIDS Strategy, released by the White House in 2010,⁴ outlines four main challenges:

- Too many people living with HIV are unaware of their status; almost one in six (15.8%) are unaware of their infection.⁶

- Access to HIV prevention is too limited.
- There is insufficient access to care.
- Diminished public attention has been paid to the HIV/AIDS epidemic.

Moreover, certain groups are at greater risk of acquiring HIV/AIDS than others: gay, bisexual, and other men who have sex with men (MSM); black men and women; Latinos and Latinas; people struggling with addiction (including injection drug users); and people living in poverty.³ MSM, particularly young black MSM, are most seriously affected. Although MSM represent about 4% of the male population in the U.S., they accounted for 78% of the estimated new HIV infections among males and 63% of all estimated new infections in 2010.^{3,7} This group is the only group in the U.S. for whom the estimated number of new HIV infections is rising annually.⁸ White gay men constitute the greatest number of new infections, but black and Latino gay men are also at disproportionate risk for infection. Black men and women represent approximately 12% of the U.S. population but accounted for an estimated 44% of new HIV infections in 2010.^{4,9} More than 60% of all women living with HIV/AIDS are black;¹⁰ their HIV/AIDS case rates are almost 20 times higher than those of white women.¹¹

In particular, the National HIV/AIDS Strategy calls for intensifying HIV prevention efforts in communities where HIV is most heavily concentrated. These efforts include allocating public funding to geographic areas with the highest prevalent populations and communities, targeting high-risk populations, and addressing HIV prevention in other minority populations, such as Asian American/Pacific Islanders and American Indian/Alaska Natives. The Strategy also recommends targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches. These approaches include expanded HIV testing, education, and support to encourage people to reduce risky behaviors; medications and biomedical interventions; development of vaccines and microbicides; and the expansion of evidence-based mental health and substance abuse prevention and treatment programs. Finally, all Americans need to be educated about how HIV is and is not transmitted, how HIV is prevented, and which behaviors place individuals at greatest risk for infection.⁴

In his Presidential Proclamation on World AIDS Day on December 1, 2013, President Obama stated his administration's continued commitment to preventing the spread of HIV and addressing the stigma and disparities that are associated with this disease.¹² In July 2013, the President issued an Executive Order

establishing the HIV Care Continuum Initiative, overseen by the Director of the Office of National AIDS Policy. This initiative will help improve the delivery of services to people living with HIV across the entire continuum of care, from timely diagnosis of HIV to receiving and maintaining optimal treatment.¹³ Moreover, the Affordable Care Act will expand access to recommended preventive services, including HIV testing and domestic violence/sexually transmitted infection (STI) screening and counseling, with no out-of-pocket costs.^{13,14} Beginning this year, it is illegal for insurance companies to deny coverage based on preexisting conditions, including HIV.¹⁵ The law also prohibits discrimination based on HIV status and eliminates lifetime benefit caps.¹²

To prevent HIV, we should ensure that all people living with HIV know their status and are linked to and maintained in high-quality care. To this end, reducing the stigma and discrimination against people living with HIV is critical; people will not seek testing and treatment if they fear the adverse consequences of discrimination. Scientifically proven approaches that reduce the probability of HIV transmission include abstinence from sex or drug use, HIV testing, condom use, access to sterile needles and syringes, and HIV treatment.⁴ Finally, all HIV-negative people at high risk for HIV infection should be tested for HIV and STIs at least once a year. In 2006, it was estimated that for every HIV infection prevented, \$355,000 was saved in the cost of providing lifetime HIV treatment.¹⁶

I echo the vision for the National HIV/AIDS Strategy, which states, "The United States will become a place where new HIV infections are rare and, when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."⁴ I believe that if Dr. Koop were alive today, he would heartily agree.

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