



## RECOGNIZING LEADERSHIP, COURAGE AND HANDS-ON ENGAGEMENT: RELEARNING LESSONS 30 YEARS LATER

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No disease has affected this country like HIV/AIDS. No public health leader has impacted the trajectory of an epidemic like former Surgeon General, Dr. C. Everett Koop. It is a distinct honor for the Forum for Collaborative HIV Research to host and learn from Dr. Koop in 2010 – just short of three decades since the emergence of the epidemic in the United States. It is an even greater honor to commemorate the inauguration of the “C. Everett Koop HIV/AIDS Public Health Leadership Award – for Advancing the Nation’s Progress in Fighting HIV/AIDS through Distinguished Service, Vision and Leadership” together with Dr. Koop and Dr. Anthony Fauci.

Twenty-odd years ago, our nation’s most memorable Surgeon General put in motion a plan to demystify and de-stigmatize what was then a deadly, horrific disease. In the most extensive mailing ever undertaken (not counting IRS and census materials), every US household was informed of HIV/AIDS in simple and clear terms: its cause, mode of transmission and how to protect oneself from infection. While others were loath to refer to the virus and its disease by name, Dr. Koop led the campaign in true public health style.

What has happened in the intervening years? We have witnessed transformative drug development and amazing technological advances in diagnostics. No other disease can boast more than 30 new drugs discovered, tested, approved and adopted into clinical practice within 20 years. HIV/AIDS has led the way in changing regulatory policy, the role of community and community contribution to research and clinical care policy. We can detect acute infection within days of transmission; suppress viral replication to below the limit of detection under circumstances where the limit of detection is a few viral particles. We have been emboldened to strive for a cure. These achievements in the world of science contrast starkly with our less-than-stellar achievements in the implementation of the scientific findings.

The number of new infections in the US remains stable at approximately 56,000. Most worrisome is the increasing concentration of the epidemic within MSM and people of color. One in sixteen African American men and one in 30 African American women is at risk for HIV infection. One in five MSM is infected with HIV, and nearly half of these are unaware of their infection. Nearly 14% of MSM in New York City, and more than 6% of black men in our nation’s capital are HIV infected. Only 45% of surveyed persons indicated that they had heard a lot or some about HIV/AIDS in 2009, compared to 70% in 2004. Nearly one-half of HIV-infected adults are receiving the treatment they are eligible for.

It doesn’t take rocket science to discover the connection to health disparities. We have become very good at describing it. But we have not made much progress in combating health disparities. New approaches to testing and access/retention in care addressing the underlying reasons, rather than focus on individual behavioral issues, are urgently needed. We should commit as much effort and rigor to the implementation of routine testing and linking to care as we have done to ensure the scientific advances.

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The 2010 National Summit on HIV Diagnosis, Prevention and Access to Care marks 4 years since the CDC’s revised recommendations leveled the playing field and put HIV/AIDS at par with other infectious and non-communicable diseases: screening for HIV infection becomes one more “vital sign” in the package of prudent, preventive medicine.

As we move from exceptionalism to universal testing and access, let us



## **Annals of the Forum for Collaborative HIV Research**

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remember the lesson taught by our Surgeon General in the 80's. Dr. Koop's 2010 message is that we cannot afford to let HIV/AIDS slip off our radar screen. Everyone, regardless of how they were infected, deserves the best quality care this country can provide. And everyone, regardless of where/how they live, deserves to know in simple, clear language, how to get tested, how to protect themselves from infection, and how to link to the best care available.