Introduction

"The U.S. Public Health Service is the principal health agency of the Federal Government and is the largest public health program in the world. The mission of the Public Health Service, broadly stated, is to protect and advance the health of the American people by:

- *conducting and supporting biomedical and behavioral research and communicating research results to health professionals and the public;*
- *preventing and controlling disease - - identifying health hazards and promoting healthy lifestyles for the Nation's citizens;*
- *monitoring the adequacy of health manpower and facilities available to serve the Nation's needs;*
- *assisting in the delivery of health care services to medically underserved populations and other groups with special health needs;*
- *ensuring that drugs and medical devices are safe and effective and protecting the public from unsafe foods and exposure to manmade radiation;*
- *administering block grants to the states for preventive health and health services; alcohol, drug abuse, and mental health services; maternal and child health services; and primary health care; and,*
- *working with other nations and international agencies on global health programs and their solutions."*

--excerpted from official Public Health Service Mission Statements.

In June 1986, 85 AIDS experts from the U.S. Public Health Service (PHS), representing a variety of disciplines, met at Coolfont, West Virginia, to review and modify a 1985 PHS plan *(1)* to prevent the spread of the human immunodeficiency virus (HIV) and to control the epidemic. Even though acquired immunodeficiency syndrome (AIDS) was still an emerging problem at that time, several unmet needs were evident. There were many gaps in knowledge to be filled and programs to be initiated. The plan produced at Coolfont *(2)* set the tone and direction for the PHS AIDS program, and has been described by some as one of the most widely read and useful documents PHS has ever produced.

AIDS, more properly described as the HIV epidemic (a term that takes cognizance of the fact that great numbers of people are infected--and infectious--for years before they develop the clinical syndrome), has taken on the dimensions of a multifaceted national and international problem. Although the full scope of this problem is still unfolding, most of the expectations and projections discussed at Coolfont have proved to be correct. The past 2 years have seen a few unexpected but welcome successes, such as the development and approval of the drug AZT to slow the progression of disease in persons who are already clinically ill, many challenges remain, and the basic Coolfont plan is still valid.

There is, unfortunately, no magical solution to HIV infection in terms of either prevention or therapy. Instead, we are faced with slow but steady progress towards long-term goals. A number of difficult issues remain unresolved, and there are several possible pathways that might be taken to address each of them. Difficult choices will have to be made within the framework of available resources, with close attention to the selection of options that make the best sense for society in the context of the entire biomedical research, public health and health care systems.

For these reasons, I convened experts of the PHS at Charlottesville, Virginia, on June 1-3, 1988, for the Second PHS AIDS Prevention and Control Meeting. The purposes of the meeting were: 1) to review progress since Coolfont; 2) to examine the state of the art in major areas of concern to HIV programs; and 3) to develop an expanded, integrated, and comprehensive national PHS approach to address the HIV epidemic for the next several years.

Nine workgroups were formed in advance of the meeting to review various distinct aspects of HIV and AIDS and to develop draft reports. Representatives from several PHS agencies participated in each workgroup to provide a broad and diverse perspective on each of the issues. To obtain outside advice, each workgroup held one or more planning meetings attended by many non-Federal HIV experts, prior to the meeting at Charlottesville. (Workgroup participants are listed in Appendix A at the end of this report.) The recommendations of the consultants played an important part in the development of workgroup reports, and we are grateful to them for their assistance.

The impact of HIV on three special populations--women, minorities, and children--was felt to be critical and to cut across the concerns of

workgroups. In order to give special consideration to these cross-cutting issues, they are discussed in a separate section even though much of the content has been drawn from the reports of the individual workgroups.

In addition, each of the workgroups considered numerous ethical and legal issues as they formulated their reports. Protection of human research subjects; humane care and treatment of laboratory animals; access to care and to research trials; and issues of vaccine liability, discrimination and confidentiality emerged as priority considerations for PHS in its activities. Goals and objectives to address these concerns have been incorporated into the appropriate sections.

Because many of the issues overlap among the workgroups, there is some corresponding overlap in the goals and objectives. However, where overlap exists, it is characterized by consistency rather than conflict.

This Report represents the efforts of experts in many fields, including basic research scientists, clinicians, epidemiologists, public health policy makers, pharmaceutical manufacturers, health care providers. Input from minorities and community organizations was also considered. The Charlottesville Report is the result of a PHS effort to reassess our own goals and objectives. We intend to use it as a guide in managing our programs and as a means of clearly stating our strategy to the public.

The discussions at Charlottesville have given rise to three clear, overarching considerations that will influence how solutions to the control and prevention of the HIV epidemic are ultimately formulated.

First, it is now clear that the Nation is not dealing with a single epidemic of HIV infection with uniform characteristics. Instead, the national epidemic is actually composed of several interdependent but separable epidemics, each with its own characteristic dynamics. The populations most affected and the resources available to treat and combat the spread of HIV may differ markedly from one geographic area to another. Therefore, to be effective, any plan for the prevention and control of HIV must take into account the local characteristics of the epidemic as well as the possibility that they may change with time. For those reasons, programs need to be designed to be flexible enough to adapt to local needs and changing circumstances.

Second, ethical and legal considerations color virtually every issue identified at the meeting. In some areas of concern ethics and law play a paramount role; in other instances their influence is less obvious but still important. Because ethical and legal considerations deeply affect the importance of an issue and the selection of a response, they should be carefully evaluated during the planning and implementation process. In particular, there are two issues that deserve special mention: confidentiality and discrimination. PHS strongly believes that the ability of health care providers to assure confidentiality of patient information is critical to the success of efforts to increase the number of persons being counseled and tested for HIV infection. Moreover, it is of equal or greater importance to our public health efforts that persons at risk understand themselves to be protected from discrimination related to HIV infection.

Third, the HIV epidemic extends beyond our national boundaries; it is truly a global problem. As we approach our own national programs, we must keep in mind the impact that our decisions may have on other countries in their own efforts to combat the disease. International collaboration on a biomedical problem has never been more important. In that regard, we will maintain support of global efforts to prevent and control HIV infection on a bilateral basis as well as through the World Health Organization.

The PHS is committed to maintaining a leading role in the Nation's response to the HIV epidemic by working not only within our framework, but also with all those in the public and private sectors who share our goals and objectives.

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References

1. Public Health Service plan for the prevention and control of acquired immune deficiency syndrome (AIDS). Public Health Rep 100:453-455, September-October 1985.
2. Coolfont report: A PHS plan for prevention and control of AIDS and the AIDS virus. Public Health Rep 101:341-348, July-August 1986.