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### The Authoritative Metaphor and Social Change: Surgeon General C. Everett Koop's Direct Mailer, "Understanding AIDS"

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# The Authoritative Metaphor and Social Change: Surgeon General C. Everett Koop's Direct Mailer, "Understanding AIDS"

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In 1988, Surgeon General C. Everett Koop published "Understanding AIDS," the nation's first and only direct mailing sent to every private home in the country. His appeals therein were driven by what we label authoritative metaphors. Communicated by and/or attributed to persons of authority, authoritative metaphors capitalize on the symbolic force of sanctioned power by appealing to the ethos of office. In "Understanding AIDS," we find that Koop drew from his positions as a surgeon and a general, respectively, to equate AIDS with an unprecedented plague and an unprecedented war. He created new authoritative metaphors out of the vestiges of familiar metaphors related to disease and public health and thereby portrayed AIDS as a recognizable but decisively unique dilemma requiring distinct preventative behaviors.

The first reported cases of acquired immunodeficiency syndrome (AIDS) in the United States were officially diagnosed in 1981. By 1984, AIDS or AIDS-related complications had taken the lives of more than 3,500 Americans (Centers for Disease Control and Prevention, 1984). Medical and popular press coverage of these events contributed to widespread confusion about what the virus was, how it might be transmitted, and who was at risk for infection; reports of discrimination and violence against those suspected of being infected were growing (Dow, 1994; Reeves, 1990, 1998). Yet, according to scholars such as Perez and Dionisopoulos (1995), the nation's leader and "Great Communicator"—then-president Ronald W. Reagan—remained uncharacteristically tight-lipped (p. 18). He avoided the topic in his addresses, offered only short, vague responses to AIDS-related questions during press conferences, and, for the duration of his first term, kept Surgeon General C. Everett Koop—the government's chief spokesperson regarding matters of public health—from

commenting publicly about AIDS (Boodman, 1988; Koop, 1993).

By the beginning of his second term, however, Reagan (who was prompted in part by the passing of his former acting colleague Rock Hudson from AIDS) informally authorized the Surgeon General to provide information about AIDS to the nation as a whole (Kinsella, 1989). Koop subsequently set out to offer Americans an official elucidation of the AIDS crisis. In May 1988, he circulated "Understanding AIDS"—the nation's first and only direct mailing—to every private home in the country. Post-mailing analyses found that an unprecedented 60% of the U.S. population ultimately received a copy of the mailer (Davis, 1991; Gerbert & Maguire, 1989), and, once read, the mailer functioned as a catalyst for AIDS-related discussion (Snyder, 1991).

"Understanding AIDS" was notable not only because it reached a large number of people but also because it included frank discussion of taboo topics such as sex, homosexuality, and drug use. In order to justify the mailer's seemingly explicit content and illuminate AIDS and its prevention, Koop packed the mailer with metaphors that related to his position as Surgeon General. "Understanding AIDS" was his attempt to satisfy public demand for an official statement on AIDS and meet what he saw as a "scientific mandate to

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provide leadership in this situation” (Koop, 1987, p. 2111). In a press conference about the mailer, he explained that “Understanding AIDS” was designed to encourage readers to alter their behaviors, thereby preventing transmission, as well as to “provide facts, to quiet fears, and by doing these things to lessen discrimination against those who have AIDS or carry the virus” (Koop, 1988a, p. 4). The mailer followed his 1986 publication of the *Surgeon General’s Report on Acquired Immune Deficiency Syndrome*. “Understanding AIDS” was eight pages to the report’s 36 and targeted a mass, lay public rather than technical, elite audiences. Both of these documents—and “Understanding AIDS” in particular—were what Hall (1989) labeled exercises “in the language of authority” as they drew from the ethos of the Surgeon General’s position to establish the meaning of AIDS in ways compatible with governmental knowledge and power (p. 100).

In this respect, “Understanding AIDS” offers an excellent site for the study of governmental discourse and, more specifically, what we label an authoritative metaphor—a metaphor that is introduced by (or at least attributed to) a recognized authority figure and thereby capitalizes on the symbolic force of that official power. In contrast to a vernacular or “lay” metaphor that seems to emerge from the ground up through localized interactions (Gronnvoll & Landau, 2010, p. 49; Hauser, 1999; Ono & Sloop, 1995), an authoritative metaphor is self-referentially designed as attributed to and endorsed by individuals in power. Given the credibility and resources that a position of power tends to afford, metaphors grounded in the ethos of authority have the potential to garner not only widespread circulation and attention but also considerable persuasive force.

In this essay, we explicate the figurative language and appeals in Surgeon General Koop’s central authoritative metaphors. Koop drew from existing metaphors about disease and public health to create distinctive, but still recognizable, comparisons that would shed light on AIDS as an entirely unique dilemma requiring unprecedented preventative behaviors. According to Rorty (1989), new metaphors have the ability to facilitate social change when they are circulated during moments of societal instability (such moments, defined by transition and uncertainty, would certainly include the years directly following the discovery of AIDS). “Understanding AIDS” demonstrates that the creation of new metaphors can involve appeals to familiar metaphorical vehicles that are then tempered by the explicit rejection of some aspects of those vehicles. For instance, Koop drew from the symbolic capital of his position as a surgeon to equate AIDS with a plague, while also noting that this particular plague was distinctive because it could not be transmitted through casual contact and, for the most part, could be avoided entirely if individuals behaved in prescribed ways. Similarly, he drew from the symbolic power of his position as a military general to equate AIDS with a war, but he also qualified his comparison by noting that this was

a unique war, one in which no person was the enemy and a key weapon was sanctioned talk about sex. This process of metaphorical reinvention was facilitated by Koop’s ability to draw from the symbolic capital of his position. In this respect, Koop’s metaphors were both grounded in and made possible by appeals to authority.

In the following sections, we first elucidate the often overlooked yet influential role that the U.S. Surgeon General plays in setting the nation’s public health agenda. Next, we delineate the authoritative metaphor in light of literature on metaphor, social change, and health. Then we analyze the textual and visual appeals that comprise the mailers’ central authoritative metaphors, metaphors equating AIDS with a new plague and a new war, respectively. We conclude by considering the authoritative metaphor in relationship to its rhetorical opportunities and challenges, and by identifying the Surgeon General’s discourse as an underexamined site of health persuasion.

## THE RHETORICAL ROLE OF THE SURGEON GENERAL

Not only is “Understanding AIDS” a pivotal artifact for deciphering the history of public health and AIDS in particular, but it also invites scholars to consider the inherently rhetorical role of the Surgeon General. The first U.S. Surgeon General took office in 1871 under the title of Supervising Surgeon, but it was not until 1968 that the position developed into something resembling its modern configuration (Brandt, 2007; Department of Health & Human Services, 2012a). Appointed by the U.S. president and confirmed by the Senate, the Surgeon General must possess a medical degree—although not necessarily with a surgical specialization or military experience—and vow to function as a politically independent and unbiased public servant (National Library of Medicine, 2012a). In practice, the president is likely to appoint a doctor with a history of endorsing health policies that align with the administration’s ideology. Yet, once confirmed, the Surgeon General is not bound by those initial expectations, a point that was highlighted during C. Everett Koop’s term in office. Reagan appointed Koop—then the surgeon-in-chief at the Children’s Hospital of Philadelphia—to the post of Surgeon General in part because Koop identified as a conservative Christian. Thus, it came as a surprise to many when Koop deviated from the President’s agenda by endorsing condom use and public sex education in “Understanding AIDS.” Koop explained later that the emergence of AIDS forced him to reevaluate his stance on a number of different public health issues (Koop & Johnson, 1992).<sup>1</sup>

<sup>1</sup>It should be noted that the President has, in recent history, forced the Surgeon General’s resignation. In 1994, President Bill Clinton fired Surgeon

As Surgeon General, Koop's changing stance on public health issues had far-reaching implications. Beyond advising the administrators of the U.S. Public Health Service (PHS) and supervising the personnel system of the PHS Commissioned Corps, his position involved serving as the government's chief spokesperson regarding matters of public health. The majority of the Surgeon General's time is spent delivering speeches, making public appearances, and otherwise advocating for initiatives designed to focus the nation's attention on pressing matters of public health. Koop, alone, gave more than 800 speeches while he was in office from 1981 to 1989 (National Library of Medicine, 2012b). According to the U.S. Department of Health and Human Services (2012b), the Surgeon General fills the role of "America's Doctor" by regularly providing the public with "the best scientific information available on how to improve their health and reduce the risk of illness and injury" (para. 2). This avuncular title fixes the Surgeon General within the public imaginary as the government's friendly, yet qualified, face (and voice) of health-related prescription and guidance.

According to Brandt (2007), attempts to brand the Surgeon General as America's Doctor were ignited following Surgeon General Luther L. Terry's 1964 *Report on Smoking and Health*, which famously linked smoking to lung cancer and a number of other health conditions including coronary heart disease. This almost 400-page scientific document was repeatedly covered and cited by numerous mainstream and technical media outlets. Brandt deemed Terry's report "the most significant achievement of the twentieth [century]" for a number of reasons, not least of which being that it encouraged the American public to "look to the Surgeon General's Office for expert assessments and advice about health and disease. As a result, the authority of the office would be substantially augmented" (p. 438). A number of subsequent *Reports* also focused on the dangers of smoking, but others detailed—and thereby drew attention to—topics ranging from the hazards of radiation exposure to the needs of children with special health care considerations (Department of Health & Human Services, 2012c). By the time Koop sent out "Understanding AIDS" in 1988, the Surgeon General's *Reports* were viewed as bastions of scientific integrity, and the individual holding the office of Surgeon General was widely perceived as *the* national authority on public health. Although Koop had already issued a technical *Report* on AIDS in 1987, he remained determined to create a document about AIDS that spoke to lay readers in his capacity as the nation's doctor. From this position, he was able to capitalize on the symbolic power of his role, thereby garnering persuasive and metaphoric force.

## THE AUTHORITATIVE METAPHOR AND HEALTH

Scholarship on metaphor has an extensive history, yet recent research has reiterated the continued value in explicating specific types of metaphors and their potential relationship to social change (Booth, 1978; Jensen, Doss, & Ivic, 2011). Rorty's (1989) insight has proven especially helpful to this cause, as he maintained that unique metaphors (i.e., those that are not so familiar as to become literal) can play an important role in initiating such change. Ricoeur (1979), drawing from the work of Fontanier (1830/1968), also identified the power of what he labeled "newly invented metaphors" that "have not yet received the sanction of general use" (p. 62). Such metaphors' potential for persuasive success often depends, by their very nature, upon a foundation of rhetorical authority and credibility. For instance, rhetors who have a profound understanding of the idea to be communicated via metaphor (i.e., tenor) and the existing knowledge structures of potential audiences, as well as the explanatory/metaphorical term to be used (i.e., vehicle), will likely have the most didactic success "giving the thing a name that belongs to something else" (Aristotle, n.d./1941; Osborn & Ehninger, 1962; Richards, 1936). In this respect, a rhetor's technical understanding of what is to be communicated can facilitate persuasive metaphorical communication and, if explicitly denoted, function as evidence for the credibility of the metaphor in question. Indeed, Booth (1978) noted that all "good" or "successful" metaphors will "build a proper ethos for the speaker, building or sustaining his [*sic*] character as someone to be trusted" (p. 57). Similarly, Bowers and Osborn (1966) found that rhetorical theorists beginning with Aristotle and Cicero have worked from the assumption that pedagogically resonant metaphors tend to convince audiences of rhetors' intelligence and credibility. Research by Read, Cesa, Jones, and Collins (1990) has provided some quantitative support for this idea that certain types of metaphor use can garner gains in perceived source credibility (see also Reinsch, 1975).<sup>2</sup>

Yet explicit appeals to a metaphor user's authority tend to go beyond the sort of credibility building that may result from metaphor use in general. In what we label an authoritative metaphor, for example, rhetors both justify metaphorical invention and bolster their symbolic sway by integrating symbols of their own authority into their figurative appeals. The authoritative metaphor is introduced by (or at least attributed to) one or more persons of authority and capitalizes on the symbolic force of that authority by appealing to the ethos of office. For instance, rhetors might infuse a newly invented metaphor with allusions to their own official title, thereby drawing from the symbolic value of rank. Or they may build metaphors that revolve around well-known

General M. Joycelyn Elders after she spoke in favor of teaching students about masturbation in sex education classes (Levine, 2002).

<sup>2</sup>Recent meta-analytic research by Sopory and Dillard (2002) found that metaphor use in general is not related to higher perceived communicator credibility.

symbols of influence such as a judicial gavel, academic regalia, or a religious icon and thereby mark their message as endorsed by members of the elite. In these ways, they draw attention to the power that has been bestowed upon them personally via their position of authority, while they also delineate the official nature and seemingly inherent credibility of the comparison put forth. As a result, the authoritative metaphor offers up a comparison that is so interconnected with the authority to which it is ascribed that the comparison itself has the power to inspire among audiences a heightened level of conviction.

Research has suggested that metaphors in general, and perhaps those ascribed to authority figures in particular, play a central role in communication about health. For instance, Segal (2005) maintained that biomedical terms for describing the body, such as illness and diagnosis, function metaphorically. When leaders, health professionals, and journalists enlist metaphors to bring about lay understanding of public health issues, such efforts have been shown to inspire extreme (and often negative) perceptions, inferences, and behavioral outcomes. For instance, Condit and Condit (2001) demonstrated that overly deterministic metaphors for genetic function have facilitated the belief that preventative health behaviors are not worthwhile (see also Fogle, 1995). Similarly, Sontag (1988) argued that certain metaphors about potentially terminal diseases “kill” by framing available treatment as ineffective (p. 14). On the other hand, Gronnvoll and Landau (2010) posited that “dysfunctional metaphors” about health (i.e., those figures that, for instance, underplay the role of human agency) can—and should—be replaced with alternative, health-generating metaphors (p. 48). Their work implied, first, that metaphorical communication elicited by those in power can promote constructive beliefs and behaviors related to public health and, second, that the study of cases in which constructive metaphorical communication seems to have transpired is an important step toward fostering beneficial health behaviors in the future.

### “UNDERSTANDING AIDS”

The “Understanding AIDS” brochure was structured as a conversation between readers (i.e., members of the lay public) and experts (i.e., Koop and his representatives, who included medical doctors, the director of the Centers for Disease Control, AIDS volunteers, and individuals with AIDS). The front page of the mailer featured the questions “What Do You Really Know About AIDS?” and “Are You At Risk?,” as well as the official seals of the U.S. Department of Health and Human Services and the U.S. Public Health Service. Photographs of bright-eyed, racially diverse individuals wearing casual or blue-collar clothes, sitting on a vehicle and talking, holding a small child, and looking inquisitively into the distance framed the text. That

these individuals were rendered photographically functioned to enhance the sense of realism in the conversation and also the likelihood that readers would envision themselves as one of many in search of an authorized portrayal of health in an age of AIDS (Barthes, 1977; Finnegan, 2001). In addition, the photographs illustrated what readers would identify as important stakes in such a conversation—family, friends, health, safety. The cover’s text concluded by noting, “This brochure has been prepared by the Surgeon General and the Centers for Disease Control, U.S. Public Health Service. The Centers for Disease Control is the government agency responsible for the prevention and control of diseases, including AIDS, in the United States.” The cover’s organizational seals served as a reminder to readers of their interlocutors’ credibility, while the language—descriptive, explanatory, and relational—assured them that the conversation’s content would be colloquial and not overly technical.

Indeed, the mailer’s following eight pages described AIDS and preventative behaviors by drawing from two seemingly familiar metaphors. In this specific case, these metaphors—equating AIDS with an unprecedented plague and an unprecedented war—functioned authoritatively as they corresponded with Koop’s position as a surgeon and a general. Koop used his position of authority to draw from existing public health metaphors and constitute them anew by denoting how they were distinct from their uses in the past. This process of metaphorical reinvention—in combination with appeals to authority—allowed him to delineate a recognizable framework from which to understand AIDS, and to retain his ability to explicitly limit how readers might be tempted to extend said metaphors. As a result, readers were led to believe, for example, that AIDS was a plague, but a new kind of plague in which the infection could not be acquired via most daily contact; or, that AIDS was a war, but an unprecedented war in which the most potent weapons were sanctioned talk, information, and understanding. With Surgeon General Koop guiding the way, the readers of “Understanding AIDS” were invited to conceive of AIDS as a plague (and a war) unlike any experienced before.

### The Surgeon’s Plague

Koop’s title as a surgeon and, more importantly, as “America’s Doctor” served as an anchor for the mailer’s central authoritative metaphor, which equated AIDS with an unprecedented plague (Department of Health & Human Services, 2012b, para. 2). The first page of “Understanding AIDS” featured “A Message From the Surgeon General” in which Koop listed his position (Surgeon General) and degrees (MD, ScD), thereby leaving little doubt that the mailer was sanctioned by a recognized medical leader (p. 1). He further highlighted the authority grounding the mailer’s content by noting that “in preparing [the mailer], we have consulted with the top health experts in the country” (p. 1). Koop drew from his own authority, as well as that of his

medical advisors, to repeatedly describe AIDS using terms that “cluster” together under a plague-oriented vehicle (Ivie, 1987, pp. 167–168). For instance, AIDS was framed as an “infection” that was “spreading” within individuals and throughout the U.S. population (pp. 2–3). Koop explained that, in spite of what many readers might have heard about the disease affecting only “the male homosexual population,” even the “number of heterosexual cases”—those cases associated with mainstream America—was “growing” (pp. 6–7).

Traditionally, plague metaphors denote contamination and mutation, highlighting the virtual impossibility of protecting one’s self against their devastation. For this reason, Sontag (1988) characterized the plague metaphor as “an essential vehicle of the most pessimistic reading of epidemiological prospects” (p. 53). In “Understanding AIDS,” Koop worked to retain the plague metaphor’s association with deadly consequences while also distinguishing AIDS from deterministic plagues that necessarily resulted in widespread ruin. AIDS, according to Koop, was definitely spreading, but, unlike a number of other diseases deemed plagues, “the AIDS virus is hard to get and is easily avoided” (p. 3). He further distinguished AIDS from other plagues—those both literal and metaphorical—by highlighting points in which their similarities diverged, noting for instance that “You won’t just ‘catch’ AIDS like a cold or flu because the virus is a different type” (p. 3). Therein, he highlighted the vehicle “catch” to demonstrate that catching AIDS was not the same as catching, say, Spanish influenza, which was transmitted via direct contact with infected individuals, objects handled by the infected, and airborne respiratory droplets (Crosby, 2003; Johnson & Mueller, 2002). Instead, Koop explained that the AIDS virus was transmitted via sexual intercourse, shared drug needles, the reception of contaminated blood, or from infected mother to child before or during labor (p. 2). According to Koop, these distinctive modes of transmission ensured that AIDS was neither apocalyptic nor inevitable and therefore not entirely like other plagues.

At other points in the mailer, Koop was more specific in his comparisons. For instance, he repeatedly differentiated AIDS from malaria and yellow fever by explaining that “**You won’t get AIDS from a mosquito bite.** [emphasis in original] The AIDS virus is not transmitted through a mosquito’s salivary glands like other diseases such as malaria or yellow fever. You won’t get it from bed bugs, lice, flies or other insects, either” (p. 3). He emphasized this point by previewing it on the mailer’s cover with the header, “Why No One Has Gotten AIDS From Mosquitos.” These claims functioned to impede interpretations of a plague as something largely outside the realm of human control. Koop assured readers that “*Who you are has nothing to do with whether you are in danger of being infected with the AIDS virus. What matters is what you do*” [emphasis in original] (p. 2). From this perspective, in most cases AIDS was not something that simply happened to a person—like a

mosquito bite—but something that could be largely avoided given the proper preventative behaviors, such as engaging in monogamous sexual relationships, avoiding drug use (or at least using clean needles), and talking with potential sexual partners about their sexual and drug histories. Koop highlighted the seemingly vast control that many people had over their risk factors for developing this new plague, and he downplayed scenarios in which individuals might contract AIDS regardless of their own actions (e.g., via blood transfusion). In this way, “Understanding AIDS” was designed to forestall the mass panic associated both with AIDS up until that point and with other diseases commonly likened to a plague.

In several instances, Koop differentiated AIDS from other diseases described as plagues without identifying them explicitly. What resulted were enthymemes that required readers to name the unstated disease (i.e., premise) themselves and thereby take an active role in differentiating between the plague metaphor in that comparison versus the AIDS comparison (Ochs, 1969). At one point, Koop explained that “you won’t get [AIDS] by swimming in a pool, even if someone in the pool is infected with the AIDS virus,” and later noted that there was “no vaccine to prevent uninfected people from getting the infection” (pp. 3, 5). Readers were encouraged to separate their understandings of an AIDS plague from their understandings of a plague such as polio (i.e., poliomyelitis), which was sometimes transmitted via contaminated swimming pools and had since been all but eradicated in the United States as a result of vaccination (de Quadros, Andrus, Olive, & de Macedo, 1992). Koop’s appeals in this case helped him to discourage readers from extending his plague metaphor in directions that he deemed neither applicable nor productive. This was an important rhetorical move on his part because research on the cognitive processing of metaphor maintains that effective metaphorical communication often encourages audiences to extend metaphors to other associated scenarios and issues. Although this process of metaphorical elaboration has been linked to persuasion in general, such elaboration can prove counterproductive to understanding unique metaphorical comparisons (Chaiken, Liberman, & Eagly, 1989; Sopory & Dillard, 2002).

The unique comparison put forth in this case was particularly vulnerable to elaborations relating the plague to unsanitary living conditions. Historically, outbreaks of typhus, cholera, and diphtheria have emerged from and been concentrated within impoverished areas that lack clean, running water (Hays, 1998). Those infected with these bacterial diseases were often stigmatized and blamed for not engaging in better hygienic practices, particularly before the emergence of the U.S. Public Health Service and the corresponding recognition among officials that the government was responsible for fostering a level of health among residents (Elden, 2003; Hansen, 1997). One of Koop’s major goals in releasing “Understanding AIDS” was to quell the discrimination and

stigmatization aimed at the infected, and thus he was quick to point out that a person “won’t get AIDS from saliva, sweat, tears, urine or a bowel movement,” nor from a sloppy kiss, a toilet seat, a crowded bus, or a congested elevator (p. 3). Koop drew from the authority of his medical title to assure readers that AIDS was not a plague in which the infected were necessarily unclean or in which casual contact with the infected (i.e., contact unrelated to sex, drug use, or blood transfer) would lead to infection.

Koop further distinguished AIDS from other plagues by emphasizing that an AIDS infection was not necessarily something that could be identified with the naked eye. Many diseases associated with a plague have long been characterized as visibly shocking in their manifestations. Rightly or not, books, magazines, and films feature small pox victims covered in crusty sores, pulmonary tuberculosis patients coughing up blood, and cholera victims sporting cracked lips and sunken eyes (Foreman, 1995; Oldstone, 2009). “Understanding AIDS,” however, portrayed AIDS in a different way. A section of the mailer entitled “What Does Someone With AIDS Look Like?” featured the head shot of a light-skinned, dark-haired man wearing large glasses (in the style of the times), a crisp, white doctor’s coat, tie, and name badge. An accompanying quotation read, “*You can’t tell if someone has been infected by the AIDS virus by looking at him or her. But you aren’t in danger of getting the disease unless you engage in risky behavior with someone who is infected.*” —Anthony S. Fauci, M.D.; Director, National Institute of Allergy and Infectious Diseases and Coordinator of the National Institutes of Health AIDS Research” [emphasis in original] (p. 5). Fauci’s position as not only a doctor but also a leader within multiple established medical organizations reemphasized the authoritative nature of the plague metaphor and justified his claim about the disparity between this new plague and other plagues. His clean-cut, white-washed appearance played into common expectations about how a doctor should look, even while his accompanying quotation encouraged readers to question their visual assumptions.

Fauci’s argument, that AIDS was not something outside persons—or even infected persons themselves—could necessarily identify, was related in greater detail throughout the mailer. Readers learned, for instance, that “it is very important that everyone understands that a person can be infected with the AIDS virus without showing any symptoms at all. It is possible to be infected for years, feel fine, look fine and have no way of knowing you are infected unless you have a test for the AIDS virus” (p. 5). By way of example, the mailer featured a photograph of a neatly dressed, light-skinned woman named Carole who “has AIDS” (see Figure 1) (p. 2). Only in “talking” with Carole via the mailer would it have become “obvious” (as Carole put it) to readers that this seemingly healthy female was infected with AIDS (p. 2). Carole offered herself up as a witness to the notion that AIDS was not a visual disease, that infected individuals

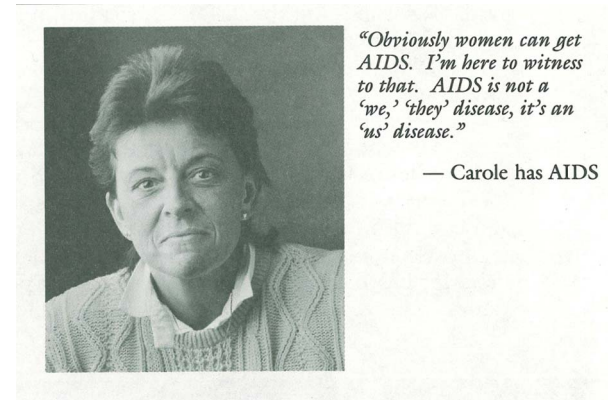


FIGURE 1 A seemingly healthy, light-skinned woman is identified as someone who has AIDS.

could be men or women, White or Black, beaming or grimacing, wasted or robust, a point made all the more clear by the apparent evidence of strength and health in her photograph. That Carole’s photo was strategically positioned over the words “bisexual or homosexual” seemed to have been an attempt to mark her as lesbian and therefore representative of a demographic that had not, at that point, been denoted as at high risk for contracting AIDS (p. 2). By highlighting that it was all but impossible to tell who might be infected with this new plague, “Understanding AIDS” worked to reduce stigmatization directed at those who supposedly looked like they may have the disease.

Yet such a claim could also play into readers’ fears that AIDS was ubiquitous and that isolation was the only sure way to avoid infection. In an explicit attempt to thwart this line of reasoning, Koop included a section at the end of the mailer entitled “Helping A Person With AIDS” in which he encouraged readers to interact with those with AIDS without fear of becoming infected themselves (p. 7). He assured them that “you need to take precautions such as wearing rubber gloves only when blood is present,” before then listing specific ways that one could safely offer assistance: “This might mean dropping by the supermarket to pick up groceries, sitting with the person a while, or just being there to talk” (p. 7). While isolation may have been the only sure way to avoid infection from diseases such as diphtheria, measles, or rubella (at least before the development of corresponding vaccines), Koop insisted that AIDS was different, and he enlisted the additional authority of Dr. James O. Mason, the Director of the Centers for Disease Control, to validate his claims (see Figure 2). A photograph of Mason sporting a head full of carefully combed white hair (and wearing his service stripes), was positioned underneath the suggestion to “keep an upbeat attitude. It will help you and everyone face the disease more comfortably” (p. 7). Mason appeared resolute yet calm, his gaze sanctioning the ideas that panic about this new plague was unnecessary and that providing care for those with AIDS was safe and healing for the entire community. His presence emphasized what Carole had explained



*"If you want more information about AIDS or what you can do to help, contact your physician, community organizations in your area, or the local public health agency."*

—James O. Mason, M.D.  
Director, Centers for  
Disease Control

FIGURE 2 Dr. Mason, Director of the Centers for Disease Control, sports his service stripes while encouraging readers to accept and help persons with AIDS.

earlier in the mailer, *"AIDS is not a 'we,' 'they' disease, it's an 'us' disease"* [emphasis in original] (p. 2). Carole's point documented the unique nature of this plague and also implied that if AIDS were a metaphorical war, it was one in which the infected were allies rather than enemies.

### The General's War

The second authoritative metaphor in "Understanding AIDS"—equating AIDS with a new war—was less prevalent than was the plague metaphor, but Koop used it to set the tone for the mailer as a whole. Koop highlighted his position as general of the uniformed U.S. Public Health Service by including a photograph of himself on the first page of the mailer. Therein, he donned an ironed, collared shirt boasting prominent service stripes (similar to those worn by a three-star admiral), and his iconic gray hair and beard bordered an unsmiling—yet still approachable—spectacled face. Koop was well aware of the symbolic authority associated with a government-issued uniform, a point he made clear in his 1992 autobiography by noting that upon being confirmed as Surgeon General, "I was entitled to wear a uniform with all the regalia befitting my rank as vice admiral. I put it on immediately because I felt it would help to reestablish the languishing authority of the Surgeon General and revive the morale of the Commissioned Corps of the United States Public Health Service. There is something about a uniform" (p. 191). Indeed, Koop's uniformed appearance in person and in the mailer was emblematic of his position of authority, his years of professional experience, and his significant mission. In text adjacent to his head shot, Koop introduced and justified the mailer to readers by explaining, "I feel it is important that you have the best information now available for fighting the AIDS virus, a health problem that the President has called 'Public Enemy Number One'" (p. 1). Here and elsewhere, Koop likened AIDS to an outside foe that, in the name of public health, had to be defeated. According to Bennett (2009), appeals to public health are "especially potent" because they combine "the rhetorical

force of an idealized communal sphere (public) with a powerful God-term (health)" (pp. 12–14). By noting that the nation's President—the individual responsible for declaring war in a literal sense and for appointing Koop to the post of Surgeon General—had recently designated AIDS the country's principal public health problem, Koop both deferred to existing power structures and authorized war between members of the American public and the AIDS virus.

In his "Message From the Surgeon General" at the beginning of the mailer, Koop mimicked the tone and tenor of a presidential declaration of war, assuring readers of his declaration's authenticity by explaining that "this brochure has been sent to you by the Government of the United States" (p. 1). He went on to differentiate AIDS from other public health crises, thereby reinventing the war metaphor to account for those differences. According to Koop, the AIDS virus was far more insidious than other public health threats, most likely because it had managed to evade scientists' attempts at a cure and to entirely overthrow otherwise healthy immune systems. In this way, Koop argued that the AIDS virus—even more than health threats discussed in previous Surgeon General *Reports* like cancer, kidney disease, or mediated violence—was especially worthy of a targeted military-like attack, given the terrorism it inflicted on individuals and societies. Koop characterized AIDS as engaged in aggressive raids on human bodies and capable of vicious, surprise occupations of those bodies, explaining that "the AIDS virus may live in the human body for years before actual symptoms appear. It primarily affects you by making you unable to fight other diseases. These other diseases can kill you" (p. 2). AIDS, according to Koop, was no ordinary foe in that it was capable of extreme restraint, waiting for just the right moment to engage in an attack, at which point it kept "your body's natural defenses from operating correctly" (p. 2). The American public, it seemed, had been put on the defensive by a sneaky, agentic manipulator with the ability to entice other illnesses onto its side and turn a person's own body against itself. The mailer suggested that it was often not until people went to defend themselves against attack that they would realize that they had already been disarmed. These representations of AIDS avowed, first, that the nation was facing an enemy with outposts inside its own ranks and, second, that portrayals of war as straightforward were not applicable to this case.

In "Understanding AIDS," Koop not only worked to distinguish the AIDS war as more complicated and aggressive than other public health wars; he also worked to reinvent traditional understandings of war to accommodate what he argued was the syndrome's ability to wreak havoc independently from its host. For instance, he noted that, in this case, individuals whose bodies had been overtaken by the enemy (i.e., the AIDS virus) did not then transform into enemies in their own right. In contrast to the majority of scenarios commonly described as warlike, in this scenario the individuals one would traditionally constitute as enemies (i.e., people



with AIDS) often acted as comrades on the AIDS battlefield, working to protect others from infection and even serving as public educators. One woman featured in the mailer explained, “*I quit using drugs five years before my baby was born. I didn’t know I was infected with AIDS until he was diagnosed. You have to find out.*”—Carmen Reyes has AIDS” [emphasis in original] (see Figure 3) (p. 6). By publically identifying herself as infected with AIDS, Reyes was potentially putting herself and her child at risk for stigmatization and discrimination. Yet the mailer implied that she was willing to make this sacrifice to help warn others against following in her path. In an accompanying photograph, she



*“I quit using drugs five years before my baby was born. I didn’t know I was infected with AIDS until he was diagnosed. You have to find out.”*

— Carmen Reyes  
has AIDS

FIGURE 3 A minority woman is identified as someone who has AIDS and who is dedicated to selflessly educating readers about AIDS.

gazed at the reader with apparent regret, sadness, and the authority that comes from personal experience and maternal suffering (Foust, 2004; Tonn, 1996), her dark skin and hair contrasting dramatically with her white shirt and the white hair tie balanced on the top of her head. On one hand, Reyes’s portrayal in the mailer as a racial minority and former drug user would have played into existing stereotypes about the infected as different from mainstream America. On the other hand, however, her status as a responsible (i.e., drug-free) mother, along with her selfless educational efforts, positioned her as an ally in the war against AIDS. In this war, readers were encouraged to identify with Reyes rather than to demonize her or others who had experienced a similar plight.

Reyes’s story made it clear that attempts to “kill the virus” needed to be orchestrated carefully so as not to also injure or even kill those who were in the unfortunate position of viral host (p. 4). Thus, the weapons in this war—unlike, for instance, the 1986 bomb that the United States used against Libya for supporting terrorism or President Reagan’s 1983 proposed laser battle stations intended to combat Soviet missile attacks (Collins, 2004; Goodnight, 1986; Mitchell, 2000)—had to be more subtle than those designed to shoot, blast, or otherwise maim their targets. Koop explained that, in this case, “knowledge and understanding are the best weapons we have against the disease” (p. 7). Soldiers had to be outfitted with information—not grenades or bullets—so that they could stay one step ahead of an especially shrewd and devious opponent. Thus, according to the uniform-wearing Dr. James O. Mason, this battle would need to be fought by contacting “*your physician, community organizations in your area, or the local public health agency,*” and learning how to engage in preventative behaviors [emphasis in original] (see Figure 2) (p. 7). And while other wars might require that children be hidden away from direct combat, Koop maintained that in this war, children had to be informed about AIDS before they were sent to battle in the nation’s schools, playgrounds, and other public settings. This unprecedented war was not something parents alone could protect their young ones against, according to Koop, so he argued that “basic health education [about AIDS] should be started as early as possible” in the local schools (p. 6). Correspondingly, he framed the mailer itself as an important defense against AIDS, one that parents should help their children deploy by reading and discussing it with them. From this perspective, each word and photograph featured in “Understanding AIDS” was an authorized vehicle—military or otherwise—for the protection of the American people, and the resources used to circulate the mailer throughout the country were as necessary to the nation’s safety as those resources allocated by the defense budget.

## CONCLUSION

It has been almost 25 years since “Understanding AIDS” was sent to every private home in the United States, and yet

the mailer remains a valuable artifact for understanding not only the history of AIDS education but also persuasive health communication via metaphor. In his missive on metaphor as rhetoric, Booth (1978) called for continued theoretical work distinguishing among different types of metaphorical communication, noting that the various “things we call metaphor” deserve closer differentiation and careful cataloging (p. 53). The present analysis answers Booth’s call by explicating both the authoritative metaphor and the corresponding process of metaphorical reinvention as it played out in “Understanding AIDS.”

Koop’s mailer illustrates how a rhetor might draw from the symbolic capital of office or rank to contribute to the persuasive force of a metaphorical comparison. Authoritative metaphors function differently from, for instance, vernacular metaphors in that their persuasive potential plays upon specific audiences’ desire for official guidance and legitimation. Theoretically, a rhetor’s strategic discourse may induce such a desire via the constitution of a corresponding second persona or implied audience (Black, 1970; Tiece, 2003), a process that played out to some extent in “Understanding AIDS.” For instance, the mailer enlisted readers to “find out” about AIDS from doctors and educators because “what [readers] may have heard” from unofficial sources was probably inaccurate, a claim that assumed an audience with both the desire to search for sanctioned knowledge about AIDS and easy access to health care and medical professionals (pp. 3, 6). In large part, however, Koop’s authoritative metaphors were responding to preexisting material and discursive conditions in which publics lacked access to official information about AIDS. He positioned the mailer as a response to these conditions, therein reiterating the authority of titles such as Surgeon General, director of the Centers for Disease Control, and even someone who “has AIDS” and has been enlisted by the Surgeon General as a public educator (p. 2), and offering up metaphorical explanations that were interconnected with the tenor of that authority.

In scenarios where rhetors identify and/or discursively constitute an audience receptive to authoritative guidance, the authoritative metaphor may provide a number of discursive opportunities and resources for catalyzing social change. Most obviously, those who speak from a position of widely recognized power often benefit from a message that is extensively circulated and attended to by powerful others. This attention provides rhetors with an additional degree of flexibility in their rhetorical maneuvering. For instance, in “Understanding AIDS,” Koop was able to leverage the authority of his position to metaphorically reinvent vehicles with a history of use in relationship to public health issues. In this way, he offered readers a seemingly familiar framework for understanding AIDS but with a number of caveats that individualized those frameworks to correspond with the phenomenon at hand and that limited opportunities for incongruous elaboration. He maintained, for example, that this particular plague or war was like other plagues or wars

in certain key ways, but not in notable others. His authority, communicated via textual delineation and visual appeals, granted him the traction to invent new metaphors from the vestiges of existing and therefore more easily decipherable metaphorical vehicles (Rorty, 1989).

Yet it should be noted that the decision to draw from the symbolic power of one’s authority can also generate rhetorical challenges, particularly if a rhetor’s goal is to inspire social change. To a certain extent, the authoritative metaphor requires that rhetors draw from recognized symbols of dominance and authority, symbols that have been legitimized under the very systems that necessitate change. In Koop’s situation, for instance, his position as Surgeon General required that his official discourse corresponded with the U.S. government’s stance on AIDS. Yet his goal was to position the mailer in ways that denoted a break from existing health-related knowledge structures, structures that had emerged in tandem with Reagan’s silence, the dearth of resources devoted to AIDS prevention and treatment, and the growing discrimination against individuals with AIDS. Ultimately, we find that Koop negotiated this gap between the familiar and the innovative via metaphorical reinvention, but the mailer nonetheless includes moments when these competing structures seem to fracture.

These fissures cluster most obviously around the mailer’s representations of race, gender, and sexuality—a point communicated in later critiques of the mailer but not by the mailer’s early public reviews (Treichler, 1999; see also Boodman, 1988; “Must reading,” 1988). Despite Koop’s attempts to represent minority populations in positive ways (see, e.g., his representation of Carmen Reyes), he nevertheless reproduced stereotypical portrayals of race, featuring doctors as White (and male) and drug users as minorities. These portrayals, coupled with the U.S. government’s history of exploiting members of underserved populations to obtain health-related data (see, e.g., the Tuskegee Syphilis Experiment; Harter, Stephens, & Japp, 2000; Solomon, 1985),<sup>3</sup> certainly complicate the mailer’s attempts to counter discrimination. Similarly, Koop explicitly attempted to refute beliefs about AIDS as a disease primarily affecting gay men, yet there were still points in the mailer when he either implied that women did not need to be tested—at least not for their own sake—or he labeled homosexual sex as especially “risky” (p. 2). For instance, he encouraged only those women whom had not only engaged in “risky” behaviors but *also* either planned “to have a baby or [were] not using birth control” to get tested, and, by contrast, he argued that all men

<sup>3</sup>One of the most egregious examples of such exploitation is the Tuskegee Syphilis Experiment, in which the U.S. Public Health Service (the departmental seal of which is featured in “Understanding AIDS”) studied how syphilis—left untreated—progressed in the bodies of African American men. The experiment went on for over 40 years, during which time participants knew neither that they were infected nor that they were participating in a governmental study (Jones, 1993).

who had engaged in sex with another man—monogamously or not—needed to be tested (p. 5). These claims are products, at least in part, of the lack of scientific evidence about AIDS that existed at the time, but they may also be related to Koop's position within the ranks of administrative leadership. In light of this case and others, scholars must continue to explicate the challenges of drawing from symbols of authority, particularly in discursive scenarios designed to discourage marginalization and drive change.

Correspondingly, scholars engaging in continued attempts to explicate the communication of authority, specifically governmental authority, would be wise to draw from the vast well of writings, speeches, and oral testimonies by current and past U.S. surgeon generals. Despite the position's inherently rhetorical nature, little scholarship has engaged the discursive efforts—and agenda-setting power—of those in office. In a notable exception, Bates (2005) shed light on the nuanced cocreation of meaning that transpired in the surgeon-general-led initiative declaring Thanksgiving Day the National Family History Day in 2004. Through analysis of the declaration, as well as a corresponding computer program on family medical history, Bates analyzed the complex process of subjectivation that was set in motion by these documents and thereby highlighted the rhetorical sophistication and implicit authoritative weight communicated therein. As the Surgeon General continues to serve as one of the country's most recognizable authorities on health and retains seemingly unending opportunities to communicate directly with the American public, the discursive tools and appeals attributed to that office bear the weight of considerable influence.

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