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Welcome

Tyler TerMeer, PhD
he/him/his
Executive Director –
Cascade AIDS Project/Prism Health
Portland, Oregon
occupied Cowlitz & Clackamas land
Greg Millett, MPH
he/him/his
Vice President & Director of Public Policy – amfAR

Washington, DC
occupied Piscataway Conoy & Anacostan land
COVID-19 and HIV: What have we learned in the last 6 months?

Greg Millett
amfAR, Foundation for AIDS Research
AIDSWatch
September 29, 2020
Gone Before their Time: COVID-19 and Aging with HIV

**COVID-19 Takes Aim at Aging Black Americans**

Death rates per 100,000 U.S. population by age, race and Hispanic origin

- Non-Hispanic Black
- Hispanic or Latino
- Non-Hispanic white

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Non-Hispanic Black</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years 65-74</td>
<td>280</td>
<td>244</td>
<td>57</td>
</tr>
<tr>
<td>Years 75-84</td>
<td></td>
<td>487</td>
<td>178</td>
</tr>
<tr>
<td>85 and older</td>
<td></td>
<td></td>
<td>985</td>
</tr>
</tbody>
</table>

*Chart by Elizabeth Lucas and Lydia Zuraw/Kaiser Health News*

Source: KHN analysis of Centers for Disease Control and Prevention data from the week ending Feb. 1 through the week ending Aug. 8.

Embed
Language and COVID-19 risk

Structural Racism Puts Latinos at Risk for COVID-19

A new study is the first nationwide analysis of cases and deaths among Latinos from the new coronavirus.

July 30, 2020

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Figure 2. Proportion of Patients Testing Positive for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) by Language

<table>
<thead>
<tr>
<th>Language</th>
<th>No. tested</th>
<th>Positive rate, % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>1154</td>
<td>4 (3.8-4.2)</td>
</tr>
<tr>
<td>Non-English</td>
<td>347</td>
<td>18.6 (16.8-20.3)</td>
</tr>
<tr>
<td>Amharic</td>
<td>21</td>
<td>23.3 (14.6-32.1)</td>
</tr>
<tr>
<td>Arabic</td>
<td>1</td>
<td>3.1 (0-9.2)</td>
</tr>
<tr>
<td>Cambodian/Khmer</td>
<td>7</td>
<td>26.9 (9.9-44)</td>
</tr>
<tr>
<td>Korean</td>
<td>5</td>
<td>11.1 (1.9-20.3)</td>
</tr>
<tr>
<td>Mandarin/Cantonese</td>
<td>9</td>
<td>6.1 (2.2-9.9)</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
<td>11.9 (8.4-15.5)</td>
</tr>
<tr>
<td>Russian</td>
<td>7</td>
<td>11.1 (3.4-18.9)</td>
</tr>
<tr>
<td>Somali</td>
<td>12</td>
<td>17.6 (8.6-26.7)</td>
</tr>
<tr>
<td>Spanish</td>
<td>199</td>
<td>25.1 (22-28.1)</td>
</tr>
<tr>
<td>Tagalog</td>
<td>10</td>
<td>16.1 (7-25.3)</td>
</tr>
<tr>
<td>Tigrinya</td>
<td>9</td>
<td>15.5 (6.2-24.8)</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>29</td>
<td>17.6 (11.8-23.4)</td>
</tr>
</tbody>
</table>

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Mental Health: Depression, Stigma and COVID-19

During the COVID-19 pandemic, prevalence of depression symptoms in the U.S. has risen across the board

<table>
<thead>
<tr>
<th>Type</th>
<th>Before the pandemic hit</th>
<th>After the pandemic hit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>16.2%</td>
<td>24.6%</td>
</tr>
<tr>
<td>Moderate</td>
<td>5.7%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Moderately severe</td>
<td>2.1%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Severe</td>
<td>0.7%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Chart: Elijah Wolfson for TIME • Source: JAMA • Get the data • Created with Datawrapper

Black, Latino and Asian Americans say they've experienced COVID-related stigma

Even among those who aren't infected, COVID-related discrimination persists, study finds.
As COVID-19 cases surged in the United States in March 2020, stay-at-home orders were put in place. Schools closed, and many workers were furloughed, laid off, or told to work from home. With personal movement limited and people confined to their homes, advocates expressed concern about a potential increase in intimate partner violence (IPV). Stay-at-home orders, intended to protect the public and prevent widespread infection, left many IPV victims trapped with their abusers. Domestic-violence hotlines prepared for an increase in demand for services as states enforced these mandates, but many organizations experienced the opposite. In some regions, the number of calls dropped by more than 50%. Experts in the field knew that rates of IPV had not decreased, but rather that victims were unable to safely connect with services. Though restrictions on movement have been lifted in most regions, the pandemic and its effects rage on, and there is widespread agreement that areas that have seen a drop in caseloads are likely to experience a second surge. This pandemic has reinforced important truths: inequities related to social determinants of health are magnified during a crisis, and sheltering in place is not a viable option for those in abusive relationships.
Substance Use, Hospitalizations and Deaths by Race during COVID-19
COVID-19 & Economic Losses Impacting Communities of Color

Majority Of Latino, Black And Native American Households Report Serious Financial Problems During Pandemic

- Latino: 72%
- Black: 60%
- Native American: 55%
- Asian: 37%
- White: 36%

Black community braces for next threat: Mass evictions

A federal moratorium on evictions — which only applies to the 1 in 4 rental units that are backed by the government — expires in a matter of weeks.
Homelessness and HIV will be worse under the COVID-19 Recession

Homelessness at diagnosis is associated with death among people with HIV in a population-based study of a US city

Matthew A. Spinelli\textsuperscript{a}, Nancy A. Hessol\textsuperscript{b}, Sandy Schwarcz\textsuperscript{c}, Ling Hsu\textsuperscript{c}, Maree-Kay Parisi\textsuperscript{c}, Sharon Pipkin\textsuperscript{c}, Susan Scheer\textsuperscript{c}, Diane Havlir\textsuperscript{a} and Susan P. Buchbinder\textsuperscript{c}

Objective: San Francisco, California, has experienced a 44% reduction in new HIV diagnoses since 2013 supported by its 'Getting to Zero' initiative; however, the age-adjusted mortality rate in people with HIV (PWH) has not decreased. We sought to identify factors associated with death among PWH in San Francisco.

Design: Population-based incidence-density case–control study.

Methods: Among PWH in the San Francisco HIV surveillance registry, a random sample of 48 decedents from 1 July 2016 to 31 May 2017 were each matched to two to three controls who were alive at the date of death (108 controls matched on age and time since diagnosis. Covariates included demographics, substance use, housing status, medical conditions, and care indicators from the study population. We used matched-pair conditional logistic regression to examine factors associated with mortality.

Results: Of the 156 PWH in the study, 14% were African-American, 14% Latino, and 8% female sex. In adjusted analysis, factors associated with higher odds of death included: homelessness at HIV diagnosis [adjusted odds ratio (aOR) = 27.4; 95% confidence interval (CI) = 3.8–522.1], prior-year ICU (aOR = 10.2; 95% CI = 1.7–128.5), prior-year tobacco use (aOR = 7.2; 95% CI = 1.7–46.9), being off antiretroviral therapy at any point in the prior year (aOR = 6.8; 95% CI = 1.3–74.1), and being unmarried/partnered (aOR = 4.7; 95% CI = 1.3–122.0).

Conclusion: People homeless at HIV diagnosis had 27-fold higher odds of death compared with those with housing; substance use and retention on antiretroviral therapy in the prior year are other important interventional factors. New strategies to address these barriers, and continued investment in supportive housing and substance use treatment, are needed.

AIDS 2019, 33,1789–1794

Keywords: antiretroviral therapy, HIV, homelessness, mortality, preventable mortality, substance use

(Clemenzi-Allen, 2019)
Oklahoma voters approve Medicaid expansion as coronavirus cases climb

The state is the first to expand Medicaid during the pandemic.
COVID-19 has Expanded Tele-Health & Portability of Opioid Treatment

Growing patient preference ensures 'telehealth is here to stay' beyond COVID-19

A recent survey of some 2,000 Americans on the topic of telemedicine revealed a swift and dramatic shift in attitudes toward telehealth visits in the wake of COVID-19.

These findings are of particular interest for the rheumatology community — which, historically, was slow on the uptake of telemedicine — for two key reasons. One is that telemedicine is not going anywhere. The second is that most patients are on board with this new normal of their medical care.

Post-coronavirus pandemic, methadone should be just as easy to get

Since the COVID-19 outbreak began, addiction medicine has been transformed and expanded. The reforms must remain after the emergency ends.

By The Editorial Board  Updated May 24, 2020, 4:00 a.m.
Looming questions and issues...

- What is the impact on transgender populations?

- How much off target will we be with EHE?
  - How much will this increase disparities?

- How much funding will COVID-19 require and how it will affect the EHE budget?
  - How many ASOs will not survive the economic crisis?

- Can we trust an administration that politicizes science with EHE?
CDC’s pledge to the American people vs. the Administration

1. Be a diligent steward of the funds entrusted to our agency
2. Provide an environment for intellectual and personal growth and integrity
3. Base all public health decisions on the highest quality scientific data that is derived openly and objectively
4. Place the benefits to society above the benefits to our institution
5. Treat all persons with dignity, honesty and respect

EXCLUSIVE
Trump officials interfered with CDC reports on Covid-19

The politically appointed HHS spokesperson and his team demanded and received the right to review CDC’s scientific reports to health professionals.
In Summary…

• HIV diagnoses will likely increase during and post COVID-19
  • Racial health disparities will also increase
  • May also witness an increase in diagnoses among women, substance users, gay men
  • No data on transgender populations

• Stigma and depression from COVID-19 isolation can impact PLWH or at risk for HIV

• Aging HIV+ population is at risk for COVID-19

• Economic fallout and homelessness will negatively impact people living with HIV

• Proposed funding for EHE is not at scale to address the crisis

• There are also good aspects of COVID-19:
  o Take home OST
  o Telehealth
  o Greater Medicaid expansion

• COVID-19 has exposed:
  o The importance of social determinants—which are missing from EHE
  o An administration willing to lie & politicize science—jeopardizing our health

• Agency partners need our support and advocacy now more than ever

• We must also support each other.
Greg Millett
Greg.Millett@amfAR.org

DASHBOARD
Race & COVID data
https://ehe.amfar.org/inequity/

(Photo: Mario Tama; Artist: Pony Wave)
John Carlo, MD, MS
he/him/his
Chief Executive Officer – Prism Health North Texas
Dallas, Texas
occupied Kiikaapoi land
AIDSWatch: Road to Resiliency

September 29, 2020

John T. Carlo, MD, MS
Chief Executive Officer
The HIV and COVID-19 Syndemic

- Biological interactions are unknown
- Antiretroviral medication cross-protection is unknown
- The syndemic model predicts worse outcomes

Shiau S, et al. AIDS and Behavior. 2020; 24: 2244
How We Date – COVID-19

Meeting online is the most popular way couples meet

Rosenfeld M, et al. PNAS. 2019; 116: 17753

“There’s been a 200% increase in people reporting that they’ve been on a virtual date this month…” Ariel Charytan, CEO Match.com

www.fastcompany.com, 04-21-20
COVID-19 and Men who Have Sex with Men in the U.S.

- High rates (19.1%) of job loss; 32% in men 15-24 years
- One quarter to 1/3 increased alcohol or substance use
- Most felt decreased connection with friends and family
- Mean increase of 2.3 sex partners
- Use of dating/hook-up apps was mixed, but younger men reported higher use
- Many had difficulty getting HIV/STI tests, HIV treatment, or PrEP

Sanchez T, et al. AIDS & Behavior. 2020; 109 (Ahead of print)
COVID-19 and Disruption of Services

Priorities
- Prioritize visits at clinics that remain open with reduced staffing for patients who:
  - Have STD symptoms
  - Report STD contact
  - Are at risk for complications such as:
    - Individuals with vaginal discharge and abdominal pain
    - Pregnant persons with syphilis and their partners
    - Individuals with symptoms concerning for neurosyphilis
- Routine screening visits should be deferred until clinical schedules allow increased number of patient visits

Dear Colleague Letter released April 6, 2020
- Guidance provided in response to questions from the field related to disrupted clinical care provision due to COVID-19
- Goal: Offer flexible, pragmatic harm-reduction approach
- Challenge: Heterogeneity of COVID-19 impact on individual jurisdictions, varying levels of resources available at local level
- Assumption: In-person care not achievable or scaled back due to public health measures necessitated for COVID-19 mitigation

FDA Insight: Drug Shortages and COVID-19

Guidance and Resources During Disruption of STD Clinical Services

CDC is committed to offering guidance to STD prevention programs, including STI clinics, on providing effective care and prevention when facility-based services an in-person patient-clinician contact is limited, such as during the current COVID-19 pandemic. This page contains resources that can help ensure patients receive the best possible care during this time.
COVID-19’s Impact on HIV Treatment

Fenway Health Center, Boston, MA

South Carolina’s Ryan White Clinics

IAS 2020. Abstract Presentation

Qiao S, et al. AIDS Behav. 2020; 1-9
STI Clinic, Prism Health North Texas, 2020

- Now Treating 50 Positive STI Cases/ Month
- 23% Average Positivity Rate
Recent Changes Threaten HIV Prevention and Treatment

Not selling 340B Drugs to Contract Pharmacies

- Ryan White funded programs pay full price for medications* purchased for patients who are uninsured
- Behavioral health medications, anti-cholesterol, anti-heartburn, are all impacted

Formula restriction/exclusion of tenofovir alafenamide for PrEP

- Interferes with medical judgment
- Limits patient choice

Requiring claim reporting to drug manufacturers

- Substantially new administrative burden
- Sets up a reimbursement conflict with pharmacy benefit managers

* Without an approved waiver allowing for one designated contract pharmacy
Monique Tula  
she/her/hers  
Executive Director – Harm Reduction Coalition  
Los Angeles, California  
occupied Tongva land
AT THE FRONTLINE:

The Harm Reduction Response to COVID-19

AIDSWatch: The Road to Resiliency | Sep. 29, 2020

Monique Tula
Executive Director

NATIONAL HARM REDUCTION COALITION
National Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.
Collective trauma

Collective trauma is extraordinary in that it can bring distress and negative consequences to individuals and change the entire fabric of a community (Erikson, 1976)
Collective trauma

Impact on individuals

<table>
<thead>
<tr>
<th>Illness</th>
<th>Financial difficulties and poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>Job loss</td>
</tr>
<tr>
<td>Changes to daily routine</td>
<td>Increased violence</td>
</tr>
<tr>
<td>Social isolation</td>
<td>Grief, confusion, distress, shame</td>
</tr>
<tr>
<td>Shelter in place</td>
<td>Oppression, segregation</td>
</tr>
</tbody>
</table>

COVID-19, the opioid crisis, and HIV share some similar effects
Collective trauma

Impact on society

Collective trauma can impact relationships, alter policies and governmental processes, alter the way society functions and even change its social norms (Chang, 2017; Hirschberger, 2018; Saul, 2014).

Source: Jordan Hopkins/unsplash
Case study

San Francisco, 2019

441 overdose fatalities

70% increase since 2018

Data doesn’t include impact of COVID-19

Largest increases among Black people, men, and people aged 50-59 (opioids, meth, cocaine)

Fentanyl-related deaths primarily among younger people
Fragile ecosystem

**COVID-19, Homelessness, and ODs**

2020: more than 1,600 community-based reversals

Predicting a doubling of fatal overdoses

Lack of housing exacerbates SUD, OD, and COVID-19 interventions

Many risk reduction strategies for COVID-19 conflict w/overdose protocols

Even regions with robust infrastructures are struggling
“WE CAN KEEP YOU ALIVE LONG ENOUGH TO GET COVID”

-syringe service program executive director
COVID is complicating the response

OD fatalities are rising across the US

Social isolation

Restricted in-person treatment

“Virtual” tx and support limited to people with access

Syringe service and naloxone distribution programs already at capacity

Drug-related deaths have risen in 2020 in states across the country.
Increase in drug-related deaths from 2019 through the first portion of 2020.

<table>
<thead>
<tr>
<th>State</th>
<th>Increase (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>+60%</td>
</tr>
<tr>
<td>Washington</td>
<td>+35%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>+32%</td>
</tr>
<tr>
<td>Colorado</td>
<td>+30%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>+27%</td>
</tr>
<tr>
<td>Iowa</td>
<td>+26%</td>
</tr>
<tr>
<td>Vermont</td>
<td>+24%</td>
</tr>
<tr>
<td>Louisiana</td>
<td>+24%</td>
</tr>
<tr>
<td>California</td>
<td>+23%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>+22%</td>
</tr>
<tr>
<td>Texas</td>
<td>+18%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>+17%</td>
</tr>
<tr>
<td>Illinois</td>
<td>+13%</td>
</tr>
<tr>
<td>Florida</td>
<td>+10%</td>
</tr>
</tbody>
</table>

All data is provisional. Definitions of what counts as a drug-related death vary by state. Data for Arizona, California, Florida, Minnesota, Tennessee, Texas, Washington and Wisconsin includes only a subset of counties within each state.

Source: State and local health departments, coroners and medical examiners
Diminishing life expectancy

*Longest sustained decline* in expected life span in more than a century

- Escalating suicides
- Overdose crisis

How will COVID-19 impact life expectancy?
Questions?

Please use the Q&A box within Zoom to ask any questions.
Policy Priorities Review

Carl Baloney, Jr.
he/him/his
Vice President for Policy & Advocacy – AIDS United
Washington, DC
occupied Piscataway Conoy & Anacostan land
Ronald Johnson
he/him/his
Chair, Steering Committee – U.S. People Living with HIV Caucus
Washington, DC
occupied Piscataway Conoy & Anacostan land
Racial Justice for Health Justice

- The government — and the criminal justice system in particular — is failing in its duty to ensure the human rights of all people, especially for Black, Indigenous and Latinx people.

- Such violations exacerbate disparities already seen in the HIV epidemic.

- Ending the HIV epidemic requires acknowledging, discussing and addressing the deep-seated and pervasive role racism and anti-Blackness play in the country’s failure to achieve health equity, safety and fairness for all.
Racial Justice for Health Justice

Congress should begin to take actions in the following ways among others to address the related disparate criminalization and health injustice faced by people of color in our nation:

● Ensure the full implementation of First Step Act of 2018;
● Enact comprehensive immigration reform and protect the due process of law for all immigrants, including by **repealing the changes to the Public Charge Rule**;
● Address the numerous ways communities of color, and specifically Black communities, have been **disproportionately incarcerated and policed by punitive drug policies**.
● Make meaningful changes to policing standards and systems through bills such as H.R. 7085, the Ending Qualified Immunity Act and S. 3955, the Justice for Breonna Taylor Act.
Federal Appropriations

- Congress is currently deciding the federal government’s annual spending plan through the fiscal year 2021 appropriations bills.

- The appropriations bill that contains most of the funding for domestic HIV programs is the Labor, Health, and Human Services bill.

- It is likely that some part of this fiscal year will be funded through a continuing resolution, wherein Congress decides to maintain the previous year’s funding levels.
Federal Appropriations

● When members of Congress do create legislation for the new fiscal year, they must ensure that the Labor, Health and Human Services bill ensures necessary levels of funding for advancing and improving HIV and AIDS programs, plus an additional focus on minority populations, given the crucial issue of racial justice.

● Lawmakers must also not include any language restricting the use of these funds from purchasing syringes or other vital harm reduction supplies that allow us to move closer to ending the domestic epidemic.
Support for the U.S. Postal Service

- Recent changes by Postmaster General Louis DeJoy, such as removing sorting machines and mailboxes, jeopardize both the upcoming election’s vote-by-mail procedure and the value & convenience of getting prescriptions by mail.

- Mail-order pharmacies allow people to receive medication in a timely, convenient manner. Mail delivery, particularly during a pandemic, must be protected.

- Congress and the administration must listen to patients and care providers and give the Postal Service the tools and funding necessary to adequately operate as they provide to those who need access to their medications.
Maryanne Tomazic
she/her/hers
Staff Attorney – Treatment Access Expansion Project
Boston, Massachusetts
occupied Wampanoag land
Federal COVID-19 Response

1. We need immediate congressional funding (HEROES Act) to help historically underserved communities access the support and resources they need.
Federal COVID-19 Response

2. We need members of Congress to demand that the Food and Drug Administration ensure any COVID-19 vaccines are shown to be effective for all people living in the United States.
Federal COVID-19 Response

3. We need members of Congress to protect the gains we have made with health care reform in the Affordable Care Act, including protections against discrimination on the basis of gender identity.
Questions?

Please use the Q&A box within Zoom to ask any questions.
Please join other advocates for unprogrammed social time in the Zoom meeting linked on the AIDSWatch website from 4:30-5:00 PM EST.
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