

LESSONS OF HIV INFORM FIGHT AGAINST COVID

Matt Alderton Special to USA TODAY

If you have pandemic fatigue, you're far from alone. After more than two turbulent years spent navigating mask rules, vaccines and variants, most people probably just want to move on. In their haste to put it all behind them, however, Americans who want to forget the coronavirus would be wise to remember it, said Vince Cristostomo, 61, of San Francisco. • He should know. In October 1987, Cristostomo was diagnosed with HIV, the virus that causes AIDS. Thirty-three years later, he witnessed how the nation benefited from lessons learned during the AIDS epidemic — and how it can suffer because of lessons forgotten.

“There are some stark differences between HIV and COVID, but there are a lot of similarities, too,” said Cristostomo, director of aging services at the San Francisco AIDS Foundation. “For those of us who lived through HIV/AIDS, COVID has been an opportunity to get things right that we didn't get right before. We have a second chance to remind people: Viruses aren't a moral issue; they're a public health issue.”

As the nation moves into a new phase of the pandemic, advocates like Cristostomo are among a chorus of scientists, doctors, scholars and citizens who are connecting the dots between HIV and COVID. By looking at each through the lens of the other, they hope to secure a healthy future for the living and a meaningful legacy for the dead.

Personal parallels

For Cristostomo, COVID felt a lot like HIV from the start. He self-identifies as a gay Chamorro long-term HIV/AIDS survivor — a Chamorro is an indigenous person from the Mariana Islands, including his native Guam.

“In March 2020, I felt very unsafe,” said Cristostomo, who felt threatened

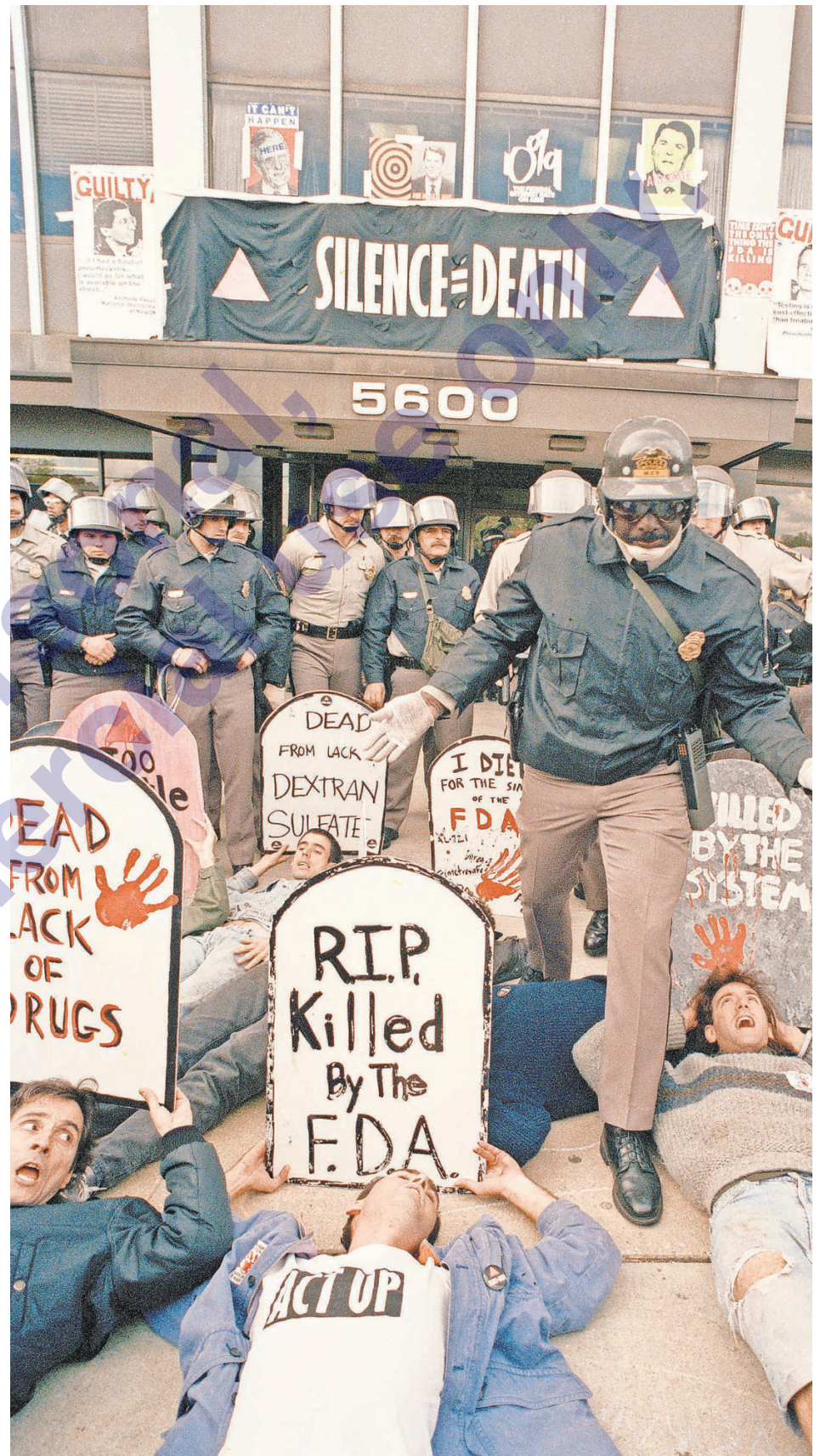
“Just going to the grocery store became an exercise in fear. All these old feelings came flooding back. It reminded me of the way I felt for the first year after testing positive for HIV.”

Vince Cristostomo
director of aging services,
San Francisco AIDS Foundation

not only by the coronavirus itself, but also by public perceptions that it was an “Asian” disease, just like HIV/AIDS initially was deemed a “gay” disease. “I'm a Pacific Islander, but I have a very Asian-looking face ... I remember walking by two men on the street who were talking about me — they said something like, ‘Here comes one of them.’”

In the early days of HIV, when scientists didn't yet understand how it spread, people were afraid they could catch it by

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Members of ACT UP demonstrate at FDA headquarters in Rockville, Maryland, on Oct. 11, 1988. They were protesting the lengthy drug approval process that kept potential treatments bottled up while people died of AIDS. Their protest led to a process to speed approvals during public health emergencies. J. SCOTT APPLEWHITE AP

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shaking hands or sharing water fountains. It was similar in the early days of COVID, when fear was rampant that the virus spread easily through surface contact, rather than through breathing airborne droplets. It was common practice to disinfect everything from takeout containers to doorknobs to mail.

“Just going to the grocery store became an exercise in fear,” Cristostomo said. “All these old feelings came flooding back. It reminded me of the way I felt for the first year after testing positive for HIV. Every time something happened, I had to wonder, ‘Is this it? Is this what’s going to kill me?’”

If fear and prejudice are two things that COVID has in common with HIV/AIDS, another is loss. “I lost my partner, Jesse, to HIV and AIDS on Oct. 6, 1991. And on Sept. 16, 2020, I lost my dad to COVID,” Cristostomo said. “Those were probably the two most significant male figures in my life.”

T.J. “Pax” Hardy also felt echoes of AIDS-era loss during COVID. An epidemiologist with the Colorado Department of Public Health, he spent the pandemic working on Colorado’s COVID response team but has devoted most of his career to HIV/AIDS treatment and prevention.

“I had an uncle, Matt, who passed away from AIDS on Sept. 14, 1991. His partner, my uncle Reggie, also passed away from AIDS. He died on Feb. 7, 1993,” Hardy said. Reggie ended up in a pauper’s grave in Mobile, Alabama. “I know the parallels between COVID and the AIDS crisis because I’ve lived through them in a very personal way.”

Hardy can’t help but wonder what AIDS would have looked like if it had been treated like COVID, and vice-versa. “If we applied the same time, resources, effort and energy to the AIDS epidemic that we did to the COVID-19 pandemic, how many lives would have been saved?” he asks. “And conversely, if the Trump administration had approached the COVID-19 pandemic the way the Reagan administration approached AIDS, would the impact have been similar?”

Shared science

Although the answers to theoretical questions are unknowable, the threads that connect HIV and COVID are plain to see. In particular, the scientific threads, according to longtime LGBTQ rights advocate Korab Zuka, vice president of public affairs at drugmaker Gilead, who



Vincent Cristostomo, of the San Francisco AIDS Foundation, reflects on how lessons learned during the HIV/AIDS epidemic helped speed the response to COVID. At right, Cristostomo in 1981, six years before he was diagnosed with HIV.
LEFT, BY BROOK ANDERSON; RIGHT, COURTESY OF VINCENT CRISOSTOMO



Medical assistant Phyllis Lee administers a COVID vaccine to Nate Chorpenning, 14, as he is held by his mother, Keri Chorpenning, in Peoria, Arizona, on May 13, 2021. The speed with which COVID vaccines were approved is a direct result of HIV/AIDS activism. DAVID WALLACE/THE ARIZONA REPUBLIC/USA TODAY NETWORK

said the swift scientific response to COVID-19 was possible only because virologists had dedicated so much time to studying HIV.

“In virology ... if you don’t do anything about it, it gets worse. So speed is really important,” Zuka said. He noted that Gilead scientists have been focused on virology R&D for more than 30 years. The knowledge they gained from working on HIV helped them develop the antiviral drug remdesivir to treat Ebola in 2014. And in October 2020, that became the first antiviral drug approved by the FDA to treat COVID-19. “The fundamental infrastructure of how we respond to a pandemic exists because of HIV ... and that is how we were able to move so quickly to study remdesivir for activity against COVID,” Zuka said.

What was true for treatment also was true for testing, said Susan Koletar, an infectious diseases physician at Ohio State University’s Wexner Medical Center. “With HIV, it took several years to identify the virus. With SARS-CoV-2, it took about two weeks to sequence its entire genome,” she said. Koletar said HIV wasn’t identified as the cause of AIDS until 1984 — three years after AIDS itself was first recognized. It took another year after that to develop a commercially available test for HIV. By comparison, the Centers for Disease Control and Prevention (CDC) already had a diagnostic test for COVID-19 by February 2020, just two months after the virus was first identified in China.

And then there are the COVID vaccines. “Our understanding of immunology has been exceeded exponentially because of HIV,” Koletar said. Vaccine developers leveraged not only the virologic and immunologic wisdom gleaned from HIV, but also the networks through which scientists conduct vaccine trials. In July 2020, for example, the National Institutes of Health established the COVID-19 Prevention Trials Network for the purpose of conducting large-scale clinical trials of potential COVID vaccines. The network was a merger of four existing NIH-funded clinical trial networks, three of which were originally created for HIV/AIDS research.

“We needed to act quickly, but our actions still needed to be based on science,” said Carl Schmid, executive director of the HIV+Hepatitis Policy Institute, who notes that COVID-19 benefited as much from HIV talent as it did HIV knowledge. For example, Anthony Fauci, the face of

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the federal response to the COVID pandemic, once served as the AIDS coordinator for NIH, and in 1988 became the first director of the institutes' Office of AIDS Research.

"If you look at the people who were responding to COVID, they all came from the HIV world. ... Even the head of HIV prevention at the CDC was detailed for months and months on the COVID response," Schmid said.

Nurses, social workers and public health professionals also pivoted, Schmid said, and they brought to bear important skills like contact tracing. "People working in HIV and STD testing and treatment already were doing contact tracing, and they were the perfect people to turn around and do the same thing with COVID," he said

The role of activism

Activists, too, laid important groundwork during the AIDS epidemic, according to Dan Royles, assistant professor of history at Florida International University and author of "To Make the Wounded Whole: The African American Struggle Against HIV/AIDS."

"One thing that came out of the AIDS epidemic was a radical rethinking of the patient-doctor relationship," Royles said. He points to the establishment in 1983 of the Denver Principles, a kind of "Bill of Rights" that AIDS activists wrote to emphasize the ways in which patients can take charge of their own health care. "The Denver Principles said we should be active agents in determining the course of our health care, and that our knowledge about what is going on with our own bodies is important and valid and needs to be recognized."

During the COVID-19 pandemic, people battling the persistent symptoms known as "long COVID" have created grassroots groups like Survivor Corps to provide support to one another and to seek affirmation and assistance from dismissive doctors and policymakers.

"I don't think people with long COVID had AIDS activism in their head as a model. They were just trying to figure out what was going on with their bodies. But I do think that history in some ways made it possible for them to get recognition," Royles said.

AIDS activists' biggest contribution to the fight against COVID-19 was probably the FDA's "Emergency Use Authorization" process, which allowed the agency



Residents line up for newly available COVID-19 vaccinations in a Cape Coral, Florida, park on Dec. 30, 2020. Embedding such services directly in the community helped the fight against COVID. RICARDO ROLON/THE NEWS-PRESS/USA TODAY NETWORK

to fast-track COVID-19 treatments and vaccines that otherwise would have taken years to test and approve. Although the FDA issued its first formal Emergency Use Authorization in 2005 — for an anthrax vaccine to protect military personnel from bioterrorism — it originated the practice of accelerated drug approvals during the AIDS epidemic.

"The idea of Emergency Use Authorization didn't exist before AIDS," said John Peller, president and CEO of AIDS Foundation Chicago. "HIV advocates made that happen."

Among those advocates were Hardy's uncles, who belonged to the AIDS Coalition to Unleash Power, or ACT UP, whose grassroots political work was instrumental in securing resources and attention for the AIDS crisis. At that time, people who were dying of AIDS were in desperate need of new drugs to treat the disease. But the FDA's lengthy approval process held them up. In 1988, ACT UP staged a massive protest that shut down FDA headquarters. The FDA and NIH subsequently agreed to meetings with ACT UP, and a year later they implemented an accelerated approval process for experimental HIV drugs.

"We have tests, treatments and vaccines for COVID because of Emergency Use Authorization, and we have Emergency Use Authorization because of ACT UP," Hardy said.

Missed opportunities?

Not all the through lines from HIV to COVID are positive. Consider, for example, the disproportionate impact of both illnesses on communities of color.

"We've basically moved from one racialized pandemic to another," Royles said. "For pretty much the entirety of the AIDS epidemic, African Americans have been overrepresented among people with HIV. ... With COVID, it feels in some ways like the same story."

In a similar way, HIV spread unchecked in the developing world years after lifesaving treatments were available in the U.S. Now, those same nations are last in line for COVID interventions. "What we should have realized about public health during the AIDS epidemic but didn't is that we're not isolated from each other," Royles said. "If we allow this kind of health inequity to continue, it puts all of us at risk."

Fortunately, lessons that were forgotten or ignored can still be learned. Peller said HIV/AIDS work can benefit from the COVID response as much as the COVID response has benefited from HIV/AIDS work. For instance, public health authorities improved access to COVID-19 tests and vaccines by embedding those services in communities — at pharmacies, for example, and schools — and by supporting policies like eviction morato-

riums and paid sick leave. Following that example could help advocates be more effective in promoting HIV/AIDS treatment and prevention.

"One of the most important lessons learned is the need to meet people where they are," Peller said. "We can't just expect a single mom without a car to drop everything and go get vaccinated. We need to make it easy for people."

That's why a priority for AIDS Foundation Chicago is housing. "COVID has been such an important reminder for those of us who work in HIV: We may want someone's entire focus to be getting on PrEP (pre-exposure prophylaxis, or medicine that prevents HIV infection) or seeking HIV treatment, but if you ask people what they need, their answer might be food, income or stable housing," Peller said. "You have to meet people's day-to-day needs before you can have a conversation about their long-term health."

Zuka agreed: "It's really important that we continue to listen to marginalized communities so that we're in partnership building the health care services and delivery that they want to receive."

For those communities, the shared legacy of HIV/AIDS and COVID-19 is strength, according to Cristostomo. "One thing I think we've learned from both of these experiences is that we're very resilient," he says. "You can knock us down, but we'll still keep getting up."