Welcome to the latest edition of the HIV Vaccine Trials Network (HVTN) Community Compass.

In this issue, we announce an award received by our very own Dr. Larry Corey, provide an update on the status of the Mosaico Study, introduce some of the former RAMP Scholars, provide an introduction to the new HVTN Faith Initiative (version 2.0), share activities from some of our sites and members and a new published article on community engagement, welcome new HVTN Core staff members and a special announcement of a promotion! While our efforts in the COVID-19 space continue, one of the global phase 3 HIV vaccine studies we are collaborating on completed enrollment, and we are expecting to see many phase 1 HIV vaccine and antibody studies begin in the coming year.

The HVTN, including our partners and communities, played a monumental role in the response to COVID-19 through the work of the COVID-19 Prevention Network. We have, and continue to see, an unprecedented level of innovation in science and clinical trials, meaningful and cross-cutting engagement of communities and stakeholders, and resource allocation to support prevention and treatment options for COVID-19, as well as testing and other services. Though this pandemic has caused death and destruction, I also recognize the countless numbers of lives that have been saved through our collective efforts. It is truly historic and noteworthy, and a moment in which we can all take pride.

While these efforts continue, our HIV efforts remain a key priority for the Network and our communities. Many people continue to wonder about the timeline for an HIV vaccine. There are many studies underway, most of which are early phase studies that are primarily looking at safety in smaller numbers of people; however, we do have one large scale HIV vaccine study in the field, Mosaico (www.mosaicostudy.org), and we are looking forward to seeing results in the future. This study uses a mosaic-based platform which supports the evaluation of the vaccine across various types of HIV found around the world.

COVID-19 restrictions are shifting, and many communities around the world are starting to open back up. While this is occurring, conversations about the important lessons learned during the COVID-19 pandemic that can be applied to HIV continue. While we wrestle with getting COVID-19 under control, we must not ignore the continued impact of HIV in our communities globally, and the determinants of health that negatively impact the health of communities and people that make HIV acquisition and transmission more likely.

Please help us ensure that this publication is representative of our entire global HVTN community! HVTN members (who have access to the HVTN member’s website) can use our submission page that offers the ability to submit content and articles for inclusion in future issues. More information about this follows on the “Meet the Community Compass Team” section.

Thank you for your continued support of the HVTN wherever you are in the world, for the work that you do in whatever role you have in the HVTN community, and for the impact we have been able to make in our collective history and communities, together. Though we have come very far in response to the HIV epidemic, we have so much further to go to achieve a globally effective HIV vaccine. The HVTN Community Compass team wants to be everywhere you are, so please share with us what’s happening at your research sites, institutions, and in your communities, so that we can share it with the world.

Be well,

Stephaun E. Wallace, Ph.D.
Editor-in-Chief, HVTN Community Compass
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Our vision is an informed HVTN community that is aware of current events and activities relating to the HVTN network and its sites, advances in the field of HIV prevention and vaccination, as well as community priorities. We work to accomplish this by providing relevant information and updates to promote awareness, understanding, and support for HIV prevention and HIV vaccines, reaching global communities invested in the response to the HIV epidemic.

We welcome submissions of articles on any topic for publication that is relevant to the HVTN community. Submissions must be exclusive to us, and not appear in any other publication. Submissions must be 500 words or less to comply with our layout and design requirements. Due to space limitations, we may need to hold publishing your article for a future issue.

To submit articles for Community Compass, please go to the HVTN Members Site homepage, click on “About”, then click “Community Compass”, then click on “Submit to Community Compass”.
Scholar Grants

The HIV Vaccine Trials Network, in collaboration with the National Institute of Allergy and Infectious Diseases of the National Institutes of Health is investing in the next generation of HIV prevention researchers by providing African American and Latinx medical students with opportunities for independent research along with structured mentoring, project and salary funding, training, and professional development activities.
Feature Article

HVTN Site:
The Aurum Institute-Tembisa Clinic in Johannesburg, South Africa

Mentors:
Dr. Kathy Mngadi and Ms. Yajna Duki

Project Title:
“Assessing HIV risk and factors related to HIV seroconversion among low risk participants in North America and sub-Saharan Africa in the HVTN 100, 107, 108, 111 and 120 studies.”

Bio:
Jeremy Fagan is a medical student at Tulane University School of Medicine. Prior to starting medical school, he earned a Masters of Science and PhD in Biomedical Sciences from Albert Einstein College of Medicine. He hasn’t decided on his future career plans yet, but wants it to be grounded in health equity and community-based medicine.

Before attending medical school, I had finished a PhD in Developmental and Molecular Biology at Albert Einstein College of Medicine. Toward the end of my graduate training, I started asking different questions of what I wanted my work to be. I was lucky enough to be selected for an internship at the NY State Department of Health’s AIDS Institute where I was immersed in the world of HIV Care and Prevention. From there, the idea of merging my interests in research, public health and community was born, and pursuing a clinical degree just felt right.

Being Black in STEM (science, technology, engineering and math) can be lonely. Yet the fast pace and expectations that are put on oneself during medical school intensifies all of that. The world continues to turn where we see racial injustice on the nightly news. Recently, I’ve been intentional about giving myself the space to feel whatever feelings I have as I continue on this journey. I want to be a Black Physician, I will be a Black Physician, because that is what my community needs.

I became a RAMP scholar in the spring of 2020, so our experience has been completely under the eyes of the COVID-19 pandemic. The HVTN and RAMP administration and staff have been amazing about accommodating everything so that we have a meaningful experience. For my RAMP project, I’m working with my fellow RAMP Scholar Aliah Fonteh on the potential risk factors among people who experience HIV seroconversion during HVTN Phase 1 trials in Sub-Saharan Africa and North America. We are currently analyzing the data and looking forward to presenting our research in the Spring of 2022. I’ve learned so much about the Phase 1 clinical trial processes, both here in the US and internationally. Clinical research has always been a professional interest of mine, so it has been quite rewarding to learn more about the work and infrastructure that goes into planning a trial.

The purpose of this article is to highlight the career objectives, research experience, and future endeavors of Aliah Fonteh, a 2020-2021 HVTN RAMP Scholar. Aliah is a first-generation Cameroonian American who is a third-year medical student at Meharry Medical College in Nashville, TN. She has a fervent passion for global maternal health, maternal prepartum and postpartum mental health, and reproductive infectious disease. In addition, her current interests include breastfeeding promotion, education, and research amongst minority women. She is zealous about pursuing a career in Obstetrics & Gynecology and is invested in serving the underserved in global communities to improve reproductive healthcare quality, access to services, and community engagement as a physician-leader, educator, advocate, and researcher. As a National Health Service Corps Scholarship recipient, she has committed to working in a federally qualified health center when she completes residency, which brings her much joy as she looks ahead to her future. In her free time, Aliah enjoys serving her community, challenging herself and others to be
healthy and active, and sharing her love for African fashion with others.

Include perspectives/reflections about your decision to get into medical school.

Growing up, Aliah was passionate about pursuing a career in medicine because she knew that she wanted to go back to Cameroon, her parent’s home country, and serve as a medical provider and educator. She grew up hearing about the death of loved ones from preventable diseases and the struggles loved ones had in accessing quality care. Thus, she purposed in her heart that her mission would be to serve as a physician to fight for improved healthcare and reduction in disparities not just in the U.S., but also in Cameroon. Furthermore, when her mom was pregnant with her, her mom slipped into a coma for thirteen days with an unknown illness. When her mom awoke from the coma, she was determined to get to the United States in pursuit of quality care management for herself and for her developing child. Momma Fonteh was diagnosed and managed for placental malaria at Wake Forest Medical Center, and to this day, Aliah’s parents still call her their “miracle baby”. Aliah states, “I feel like I was born to pursue a field in medicine to fight for improved quality of care for underserved populations in the U.S. and abroad, specifically in Cameroon, West Africa.”

As Aliah grew older, she became determined to become an OB/GYN because of her mom’s battle with debilitating fibroid symptoms. As a sophomore student majoring in Biomedical Sciences, she also remembers the perils of Ms. Dee, a bus driver on her campus who would frequently take her home after a long day of studying in the library. They used to converse about Aliah’s dream of becoming an OB/GYN, and Ms. Dee would plead for her to become a physician who listens to her patients and who aims to offer a holistic approach to their well-being. Ms. Dee told Aliah that she struggled with abnormal menstrual bleeding and on occasion, blood clots the size of tennis balls. She expressed her frustration with going to her doctor and not feeling heard despite her pleas for a treatment for her fibroids that would be an alternative to surgery. Aliah aims to become an OB/GYN who becomes certified in Minimally Invasive Gynecologic Surgery (MIGS), and is also invested in becoming an expert in non-invasive uterine fibroid managements. Her ultimate dream is to use her platform to also give back to Meharry students, to train future OB/GYNs, and to establish service-learning trips to Cameroon, West Africa.

How are you thinking about the intersection of your various identities and the overlay of those identities with your academic and personal journeys?

On reflection of the various identities that overlay her academic and personal journey and that are associated with some of her core qualities, Aliah offered this statement:

She rushes by clothed in beautiful African print fabric, hurrying to prepare the rest of a meal she is serving to her fellow Meharry colleagues. She is running behind schedule because she started the day studying, mentored a student interested in a future career in medicine, and made sure she had some time to workout before preparing a Cameroonian dish for her Meharry friends. “She”, is Aliah Lucyanne Fonteh, a productive medical student with a passion for African fashion, love for mentorship and service, and an enthusiasm for hosting and sharing her culture.

When I reflect upon the phenomenal Cameroonian American woman that I am becoming, I see the following core qualities exemplified most strongly within me: compassion, generosity, creativity, enthusiasm, humility, and perseverance. These qualities make me who I am and are laced upon me like a garment, and have been documented to bring a “breath of fresh air” to those who have the opportunity of getting to know me. I am the product of hardworking immigrant parents who instilled in me a passion for serving others, never giving up on my dreams, and clinging to integrity even if I am the last one standing. My perspective on how I view myself is also based on the opportunities that I have been a part of in my journey on this earth—from service, leadership, educational pursuits, and personal wellness. I believe each of these areas have provided me with an opportunity for growth and for a lifelong commitment to becoming a version of myself that brings glory to God and service to mankind.

When I reflect upon the intersection of the roles I currently embody, I can see more qualities of myself that are helping me to excel as a student, scholar, community servant, and self-care ambassador. As a medical student and future physician, I describe myself as having an avid and curious nature. As a friend, daughter, and oldest sister, I describe myself as being comfortable putting the needs of others before my own, and learning how to care for people with different personality types. As a researcher, I find myself being meticulous about my work and project organization as well as flexible to accommodate changes in my projects. As a mentor, I am a stellar communicator, authentic, transparent, and intentional about using my time to empower those interested in pursuing a field in medicine. As a health coach, I use my platform to remain consistent in healthy eating, exercise, and healthy
thought patterns. As a creative, I am constantly thinking about new ways to serve, lead, encourage, and educate.

In conclusion, for anyone who meets me, you can see my unique light by observing my attentiveness to the needs of others, my patience, my desire to remain as inclusive as possible, and my assertiveness when it comes to advocating for others.

Provide a summary of your RAMP project and update on the status of your findings or dissemination activities. If still in progress – what do you hope to find? What have you enjoyed learning? What are you looking forward to?

Aliah is an HVTN RAMP Scholar in the 2020-2021 cohort who is working with her co-scholar, Jeremy Fagan of Tulane University School of Medicine, her mentors Dr. Kathryn Mngadi and Ms. Yajna Duki from The Aurum Institute-Tembisa, South Africa, and biostatisticians Dr. Zoe Moodie and Dr. Helen Lu from Fred Hutchinson in Seattle, WA on the project entitled “Assessing HIV risk and factors related to HIV seroconversion among low risk participants in North America and sub-Saharan Africa in the HVTN 100, 107, 108, 111 and 120 studies”. Important discussion has come from this project about the definition of low-risk in South Africa compared to the U.S., the prevalence of HIV in South Africa by age, and the overview of seroconversions in HVTN studies by site. Due to the pandemic, the original research project where Aliah would have worked in Johannesburg, South Africa closely with her mentors for eight weeks in summer 2020 became virtual. So, for the past year, through virtual Zoom meetings, Aliah has worked with her co-scholar to generate a presentation to discuss their findings at the HVTN Annual meeting in May 2022. They are still in progress toward completion of the project, but hope to outline the unique characteristics associated with the few participants that seroconverted on assessments during the studies listed above.

The HVTN RAMP experience has provided support for Aliah’s development as a scholar through insight on how to improve her research skills in data analysis, manuscript writing, and generation of scientific presentations. Aliah has enjoyed learning more about HIV/AIDS through further education as an attendee at virtual lecture sessions, attendance at the virtual International AIDS (IAS) Conference 2020, and through networking with physicians who have found unique ways to incorporate global health into their careers. She has also enjoyed learning more about career opportunities, such as within the United States Public Health Service Commissioned Corps, and about additional training in Reproductive Infectious Disease as a post-OB/GYN residency fellowship training. It has been an incredible experience for her as she has picked up knowledge from her mentors about the unique challenges of recruiting participants for HIV/AIDS clinical trials and the sociocultural implications of HIV/AIDS in sub-Saharan Africa. Furthermore, being an HVTN RAMP Scholar has served as a precursor to her extracurricular experiences in global health, such as through the Student National Medical Association (SNMA) Global Health Fellowship and the American Medical Student Association Global Health Scholars Program. She looks forward to taking her research skills and applying them in her role as an American Medical Women’s Association (AWMA) Anne C. Carter Global Health Fellowship Scholar with the upcoming cohort of scholars. In conclusion, Aliah believes that becoming an HVTN RAMP Scholar has helped her development as a budding researcher in reproductive infectious disease, has provided opportunities for career development and networking, and has provided knowledge on how to address recruitment challenges due to sociocultural influences.

Czestochowa Francois
czestochowa_francois@urmc.rochester.edu
Cohort 7 (2017-2018)
University of Rochester Medical School (Graduated)/ Now in Residency

HVTN Site: University of Rochester

Mentors: James Kobie

Project Title: “Characterization of Human HIV Vaccine-Induced Bone Marrow Plasma Cells”

Bio:
My name is Czestochowa A. Francois. I am a senior resident in Emergency Medicine at the University of Rochester. My interests include, but are not by any means limited to, health policy, global health, health inequities amongst marginalized populations, diversity and inclusion, community health advocacy, and clinical research. In the future I am interested in working within the trifecta of excellence as shown to me by the HVTN, including the intersection between community engagement/advocacy, clinical/basic
There are a number of words I can use to identify myself: an Afro-Caribbean female, a beloved partner, sister and daughter, a community organizer, advocate, a scientist, a caretaker, and only last would I identify as a physician. I put it this way, not because it is of least importance, but rather because for me, the role of physician is a culmination of my other parts; without acknowledging them, I believe I would be an incomplete physician. My personal journeys dictate how I interact with every patient I come across, the care I provide is care that I would give those who are closest to me, the empirical thinking I apply toward diagnoses is from my time as a researcher, and my need to understand the biopsychosocial factors of every patient is from my time as a community advocate. All of these things contribute to my identity as a whole.

My project was a basic science project studying the characterization of human HIV vaccine-induced plasmablasts and plasma cells. The intent was to allow for a more detailed study and understanding of the B cell response to allow for discovery of strategies that will maximize the humoral response and eventually provide the most efficacious vaccines. Specifically, this project attempted to address the hypothesis that HIV vaccines induce the development of Env-specific CD138+ bone marrow plasma cells, an idea that was further elaborated upon in follow-up papers on the topic. Currently, as I am practicing and focusing on my clinical work, I have become more interested in community engagement and participation in the HIV vaccine trials, especially cross-over and information that can be applied to understanding how the community engages with COVID-19 vaccines.
but tragedy struck in the loss of my mother. In dealing with this loss I walked away from my medical school acceptance, and decided to pursue my Masters in Public Health. Ultimately, I couldn’t ignore the calling for medicine, so I applied again, was accepted to Meharry Medical college in 2015, and graduated in 2019. My journey in medical school was full of many ups, downs, failures, and some triumphs, but knowing I beat the odds and made my mother proud in the process makes it all worth it.

As a member of the 2018-2019 RAMP scholar cohort, I was given a new experience of working with the transgender community in San Francisco at Bridge HIV. Under the guidance of my mentor, Dr. Hyman Scott, my project sought to explore how social media advertisement could be used to increase the number of transgender individuals in HIV research trials. Outside of my research project, I am most thankful for the genuine mentorship through the HVTN RAMP scholar program. As I embark on the research track in my residency program, I am so thankful that Dr. Scott not only offered to help me find a research project that matched my interests, but was willing to serve as my mentor on it.

What does the future hold for Dr. Hill? I want to be a HIV primary care provider and participate in conducting HIV research. Currently my clinic for residency is in the South Bronx, and it makes me happy to work in communities I’ve grown up in. I hope to continue to work in inner city communities and focus on preventing new cases of HIV among women (cis and trans) of color. A message to my young-self: thanks for not giving up!

As a RAMP scholar Jessica worked on “A Qualitative Study Focusing on Community Engagement and Stigma Concerning Vaccine Participants in South Africa” which has recently been submitted for publication. Jessica is specializing in emergency medicine and looks forward to serving communities of great need while applying her research skills to improving health outcomes for people of color. She looks forward to creating an intersection between medicine, advocacy, research and policy. Her hope is to run for office and create policies that improve our current health care system.

Jessica Muñoz
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Cohort 7 Scholar – 2017-2018
The Ohio State University
College of Medicine

HVTN Site:
Perinatal HIV Research Unit – Soweto Bara

Mentors:
Michele Andrasik, Janan Dietrich

Project Title:
“A Qualitative Study Focusing on Community Engagement and Stigma Concerning Vaccine Participants in South Africa”

Jessica Munoz is a proud Latina, born in Winfield, IL and raised in West Chicago, IL. Her passion for social justice advocacy and hope to improve communities of color led her to a career in medicine. She graduated from The Ohio State University College of Medicine in 2021 and is currently an emergency medicine resident physician in Loma Linda, CA. Jessica is the former president of the Latino Medical Student Association at Ohio State, she is a member of the Gold Humanism HonorSociety, and the recipient of The Ohio State College of Medicine Leadership award and the Outstanding Female in Medicine award.

Eshiemomoh Osilama

My name is Eshiemomoh Osilama, and I am member of the Class of 2024 at Geisinger Commonwealth School of Medicine, in Scranton, PA. I was born in Uromi, Nigeria and was raised just outside Boston, MA. I graduated from Columbia University in 2016 with a Bachelor of Science degree in biology. In my spare time, I enjoy reading and writing poetry, baking and cooking, singing, theater, museums, beaches and oceans, travelling, and photography.

I believe, in many ways, who I am, at this particular stage in my life represents the face of HIV in this country and across the globe. I have firsthand understanding of
the nuanced ways the lifestyles and cultures of queer people, people of color (POCs), and immigrants are hyper- (or hypo-) medicalized. Although I am not yet sure what type of medicine I want to go into, my participation with the HVTN RAMP program has exposed me to how the different components of medicine and research function together for the overall wellness of a patient or community. The underrepresentation of queer people and POCs in medicine functions as an added barrier to providing adequate care to those individuals. True health equity means equitable access to quality health care and resources, but it also means accessing the influence of how medicine is provided to you and people like you. This opens the door for patients to be fully acknowledged by medical systems. It diversifies the socioeconomic strata of medical providers, allowing underrepresented minorities to access the resources and distinctions of being someone who influences the culture and implementation of medicine. For all these reasons, I believe it is especially important that I, now in the early stages of shaping the trajectory of my career, proactively engage opportunities that have implications which serve those marginalized communities directly. In this way, my experience with RAMP has served as a foundation for me to integrate my personal identities with my role as a scientist and future physician.

My project, under the supervision of Dr. Magdalena Sobieszczyk and Dr. Jason Zucker, was titled “Get2PrEP3.0: An Initiative to Reduce Missed Opportunities for the Provision of HIV Prevention Services for Patients Testing Positive for STIs.” The primary goal of this project was to “determine whether an active intervention consisting of an email to a provider” would increase the likelihood that a clinician would provide adequate prevention resources to their patients who are at high risk for acquiring HIV, such as prescribing them PrEP. Additionally, we sought to evaluate the “providers’ acceptability [of] this type of intervention,” their “willingness to refer” their patients to HIV resources, and assess the barriers that would have kept them from providing those resources.

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RAMP Scholar Grants

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who use drugs and leads efforts on her campus to expand support for students of color. India is excited to continue thinking of ways to reimagine health justice through the purview of medicine and community partnership, particularly through a career in Obstetrics and Gynecology.

I came into a career in medicine seeking an opportunity to combine my interests in public health, advocacy and social justice. Through my sociological studies as an undergraduate, I avidly examined the many ways in which the healthcare system has failed individuals who are most in need, particularly those living within the oppressive realms of poverty, racism, HIV/AIDS, and drug use. Through my clinical experiences prior to medical school, I had witnessed the intimate and trusting relationships physicians shared with their patients and the lasting impact they could have on the health of an entire community when they validate their patients' experiences, struggles and triumphs.

Medicine has allowed me to connect with individuals on a deep and meaningful level, and uplift their stories to create change. My background in harm reduction has taught me to lead with compassion, patience, and trust toward my patients. Working with people living with HIV and substance use disorders means engaging with very personal and challenging conversations; it also involves problem solving to help them navigate the many barriers that might jeopardize their health and safety. And it is at this intersection that I’ve had my most meaningful life experiences.

I am tremendously excited to be on this journey, which I am so privileged to be pursuing. I am grateful for the many relationships, role models, and patients who have touched my life, both personally and professionally.

As a daughter of Dominican and Trinidadian immigrant families, I’ve come to understand that my achievements belong not solely to me but to the Black diaspora. I plan to work tirelessly to decentralize healthcare, expand the margins of harm reduction, and innovate within this field while holding close its core principles. It is through my privilege and positionality that I will fight for a restructuring of society that centers humanity, personhood, and those most vulnerable.

As a RAMP Scholar, I am working with Dr. Annah Pitsi and Dr. Atom Dilraj of the Setshaba Research Centre in Soshanguve, South Africa. Together, we are leading a multiphase study to explore PrEP willingness and usage among men who have sex with men (MSM) and transgender persons in Gauteng, South Africa. We are using a mixed-methods approach to investigate this important research imperative that includes a cross-sectional survey, sequential in-depth interviews, an educational workshop on PrEP, and HIV testing to evaluate HIV prevalence in this population. We are hoping that our findings will contribute influential insight into how to expand access to PrEP within this vulnerable community. We also hope to show this community that their perspectives are valued and that their lives matter to the medical and academic community.

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Ruth St. Fort
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Cohort 11 Scholar – 2021-2022
Wright State University Boonshoft School of Medicine

HVTN Site:
Seke South Clinical Research Site in Harare, Zimbabwe

Mentor:
Dr. Portia Hunidzarira

Project Title:
“Mobile health (mHealth) interventions for improving HIV prevention knowledge and clinical research literacy among youth communities in Zimbabwe.”

Bio:
Ruth St. Fort is an MD/MPH candidate, getting her MPH from Johns Hopkins University Bloomberg School of Public Health, and her MD from Wright State University Boonshoft School of Medicine. She is of Haitian descent and was born and raised in Florida. She went to the University of Florida where she received her Bachelor of Science in Microbiology and Cell Sciences. She also received her Master of Science in Medical Sciences at Morehouse School of Medicine. She enjoys traveling, trying new food, and interior decorating. She is passionate about global health, health education, and health advocacy. She currently serves on the National Board of
Directors for the Student National Medical Association (SNMA) as the National Membership Committee Co-Chair. She is also a 2021-2022 RAMP Scholar. After completing her Master of Public Health, she will finish her Doctor of Medicine to become a pediatrician. Her goal is to open health education centers.

I have known since I was a little girl that I wanted to become a doctor. I remember telling my Haitian parents every time I went to the pediatric clinic, “I want to be just like Dr. Go, a kids’ doctor!” At the time, I had no clue that the proper name for a “kids’ doctor” was a pediatrician. Fast forward to today, where I am an MD/MPH Candidate, getting my MPH from Johns Hopkins University Bloomberg School of Public Health, and my MD from Wright State University Boonshoft School of Medicine.

Throughout my medical school journey, there have been hardships. However, when I think back and ask myself, “Would I do it again?” The answer is always, “Yes!” Medicine is my calling. I have been affected by chronic diseases, such as HIV/AIDS, diabetes, and hypertension too many times. I want to do something about it. During the COVID-19 pandemic alone, I lost my dad and my uncle. They are my motivation every day. My passion for health education and serving under-resourced communities is what drove me to become a physician. This passion also encouraged me to apply to the HVTN RAMP Scholar Program.

As a scholar of the RAMP program, I am currently working on a project in Harare, Zimbabwe with Dr. Portia Hunidzarira, Marvelous Sibanda, and Thelma Tauya. Our project is called, “Mobile health (mHealth) interventions for improving HIV prevention knowledge and clinical research literacy among youth communities in Zimbabwe.” The objectives of phase one of the research project, are to understand existing youth needs and expectations relating to receiving information about HIV prevention strategies and research trials, and to design core messaging for end-users in a collaborative and participatory manner. The Phase two objectives are to rapidly test and iterate solutions at multiple levels, and to co-design a community-informed communication plan. We are currently in phase one. We have conducted four different workshops with the youth of the Harare community. During the workshops, we provided information about HIV prevention and asked the youth about their understanding of HIV and its prevention. We also asked the youth to co-design an mHealth application focused on HIV education, and we asked for their feedback on the overall experience during the workshop. Currently, we are analyzing the data collected from all four workshops. We are moving toward creating the mHealth application and into phase two. Working on this project has been exciting, and I am looking forward to incorporating these research skills into my future career.

Upon the completion of my degrees and residency, I plan to work in under-resourced communities and help build the bridges between health education, preventive health, and access to healthcare. As a future Haitian-American woman physician, I want to play an integral part in contributing to the decrease in health disparities and increase in health literacy. My goal is to open joint health education centers and clinics in the United States and Haiti. I want to reach communities that are experiencing chronic diseases, such as diabetes, hypertension, and HIV, and provide them with treatment along with knowledge of how to maintain a healthier lifestyle.
Dr. Larry Corey receives public service award from American Society of Gene & Cell Therapy

Sonia Skarlatos Public Service Award recognizes person who has advanced field of gene and cell therapy

By: Fred Hutch News service staff

Dr. Larry Corey of the Fred Hutchinson Cancer Research Center and Dr. Kathleen Neuzil, co-leads of the COVID-19 Prevention Network vaccine program, are the two winners of the American Society of Gene & Cell Therapy’s Sonia Skarlatos Public Service Award. The award, named after a gene therapy advocate, recognizes a person or group that has consistently fostered and enhanced the field of gene and cell therapy through governmental agencies, public policy groups, public education or nongovernmental charitable organizations.

Corey is an internationally renowned expert in virology, viral immunology and vaccine development. Most recently, he was asked to co-lead the COVID-19 Prevention Network vaccine program, which is responsible for implementing multiple COVID-19 vaccine efficacy trials in the U.S. and overseas. He is a past president and director of Fred Hutch, a professor in the Hutch’s Vaccine and Infectious Disease Division and a professor of medicine and laboratory medicine & pathology at the University of Washington. He was head of the UW Virology Division from 1978-2010 and led the AIDS Clinical Trials Group from 1987-1992. He has been the founder and principal investigator of the HIV Vaccine Trials Network since its inception in 1999.

Winners were chosen for four categories, from Outstanding New Investigator Award to Outstanding Achievement Award. The other recipient of the Sonia Skarlatos Public Service Award is Dr. Kathleen Neuzil, professor in the University of Maryland School of Medicine, who is part of the strategic team evaluating COVID-19 vaccines and therapeutics in the U.S. and was part of the study team who designed the first COVID-19 clinical vaccine trial in the U.S.

“While Kathy and I appreciate the personal selection of the award and have worked incredibly hard these last 13 months, so have hundreds, if not thousands, of other colleagues who worked side by side with us,” Corey said.

The award winners were acknowledged on May 13 at 12:15 p.m. EST virtually during the ASGCT annual meeting. Now in its 24th year, the ASGCT’s annual meeting brings together over 4,500 members in the United States and worldwide. Today, the ASGCT is the largest association of individuals involved in gene and cell therapy research.

— Adapted from an ASGCT announcement
Feature Article

The CoVPN: Organizational Impact Winner at 2021 Global Health Impact Awards

By: Anna Altavas, HVTN Core, Seattle, WA, USA

On October 14, 2021, the COVID-19 Prevention Network (CoVPN) was awarded the 2021 Organizational Impact Award by the Washington Global Health Alliance for its role in developing and conducting large trials of COVID-19 vaccines. Highlights of the Network’s accomplishments included the development of community engagement/education materials to enhance the enrollment of BIPOC communities, public service announcement campaigns, animations in English and Spanish to encourage participation in the trials, an educational website, and a participant registry that in three months had more than 500,000 volunteers.

The Network played a critical behind-the-scenes role in advancing COVID vaccine trials through its existing networks, researchers, statistical design/analysis, laboratory harmonization, and community engagement program, achieving incredible progress for global health in a short period of time.

CoVPN technical editor, Dr. Mindy Miner, accepted the award virtually on the Network’s behalf, saying, “I am accepting the award on behalf of the team at Fred Hutch and a village of other people across the world, who are remarkable colleagues, that have been working tirelessly for the past year and half.” When asked what was learned from the experience and how we can apply it to vaccines for other diseases, Miner mentioned the HIV Vaccine Trials Network’s (HVTN) efforts on HIV vaccines and the infrastructure and scientific capacity, community partnerships, statistical designs, lab assays, and all of the site investigators that have all been building upon the HVTN’s work over the past 20 years, which enabled the CoVPN to do its work at such a rapid pace.

Anna Altavas is the Communications Manager for the HIV Vaccine Trials Network and COVID-19 Prevention Network.
New study demonstrates community engagement efforts are critical to ensuring the equitable inclusion of BIPOC communities in vaccine clinical trials

By: Anna Altavas, HVTN Core, Seattle, WA, USA

In October 2021, a cadre of researchers from the COVID-19 Prevention Network, headquartered at Fred Hutchinson Cancer Research Center, demonstrated that through robust community engagement, equitable inclusion of previously underrepresented communities in vaccine clinical trials can be achieved.

Recent data highlight the absence of Black, Indigenous, and people of color (BIPOC) communities in vaccine clinical trials. The new study, published in the journal PLOS ONE (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0258858), discusses the need for engagement of BIPOC communities in infectious disease research as a critical component in efforts to increase vaccine confidence, acceptability, and uptake of future approved products.

“There has been discourse stating that it is challenging and there are too many barriers to engaging with BIPOC communities,” said Dr. Michele Andrasik, a senior staff scientist at Fred Hutch and lead author of the study. “We are hoping that this shows these are surmountable barriers, and it is possible to overcome them through long term investments in relationships within the community and building reputations of trustworthiness as researchers and institutions.”

The study analyzed the demographic and enrollment data across four COVID-19 efficacy trials to inform future efforts to ensure inclusive participation. Across the four US government-funded COVID-19 vaccine clinical trials for which data are available, 47% of participants enrolled at CoVPN sites in the US were BIPOC. White enrollment outpaced enrollment of BIPOC participants throughout the accrual period, requiring the implementation of strategies to increase diverse and inclusive enrollment. Trials opening later benefitted considerably from strengthened community engagement efforts, and greater and more diverse volunteer registry records.

“A misconception is that BIPOC communities do not want to engage in research,” said Dr. George Mensah, Director, Center for Translation Research & Implementation (CTRIS) at the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH) and one of the authors of the study. “Recognition that health disparities are substantial is something we’ve known for a long time, and the COVID-19 pandemic has made it blatantly clear. This study showed us that if you take the time to address misinformation and distrust, you can be successful through promising practices.”

Four methods for engaging with BIPOC communities included:

- Increasing community awareness and knowledge to address and correct misperceptions, misinformation, and myths required the utilization of Community-Based Participatory Research (CBPR) approaches and working with partners such as the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities (https://covid19community.nih.gov/).

- Working in partnership with institutions and organizations, such as social service providers, advocacy organizations, physician and medical professional associations, media, academic institutions, local/state/national government partners, and faith-based organizations, particularly those who serve BIPOC communities with whom longstanding trusting relationships have been established.

- Leveraging the breadth of established relationships from the HIV Vaccines Trials Network’s (HVTN) history of successful engagement in faith communities, the CoVPN Faith Initiative established a faith-based advisory council to provide guidance and direction for community engagement efforts with faith-based groups, and to implement a national faith-focused CoVPN education program that used anti-racism, anti-homophobic, anti-transphobic, and other principles to ensure that the activities and messages reached broad audiences.

Continued on the next page...
• Integrating in-language and in-culture marketing into the outreach strategy, the CoVPN launched a cross-platform campaign focused on Latino/a/Hispanic and Black/African American communities. The campaign, “Help End the Uncertainty,” was developed from audience insights gathered through consumer research with priority audiences, and helped deliver nearly 600,000 volunteer signups to the CoVPN study registry.

“These results show that equitable inclusion of BIPOC communities is possible. We have known that it is necessary given the long standing social, structural and economic inequities that BIPOC communities face,” Andrasik said. “We have to invest in connecting with the community and ensuring meaningful community involvement in every step of the research.”

Anna Altavas is the Communications Manager for the HIV Vaccine Trials Network and COVID-19 Prevention Network.
What will it take to find a safe and effective HIV vaccine?

It will take all of us.

We’ve been working to end HIV for the past 40 years, and we still need your help. Research studies are important for moving science forward.

Visit our website to find out how you can help.
helpendhiv.org
COVID-19 VACCINE BOOSTER Q&A

1. What is a booster? How does this differ from an additional dose for immunocompromised individuals?

Booster doses of a vaccine are very common in the field of vaccines. Boosting means getting another dose of vaccine at a different time after the initial dose(s) of a vaccine, which scientists call the “priming” stage. It’s like wall paint: priming coat, maybe a second priming coat, followed by another boosting coat. For vaccines, the boost is weeks, months, or years later, rather than a day or two for wall paint. Like a second coat of paint, the boosting improves upon the priming.

Most vaccines we get have boosting components. For hepatitis B, babies get the vaccine at 1, 2 and 6 months. The 6-month vaccine is the boost. For the measles vaccine, children get it at about 12 or 15 months and then the boost 5 years later when they enter elementary school. For tetanus, you get a booster every 10 or so years.

The additional doses given to immunocompromised individuals are to improve their immune response to the initial vaccine series. They often do not build enough, or any, protection against the virus from the original vaccination.

2. Who needs to get a booster? Who is eligible to get a booster?

For the J&J vaccine, they recommend a second dose of vaccine for all people over age 18 who received the initial dose. People who had any complications from the initial J&J vaccination such as venous thrombosis should get a second dose of an mRNA vaccine rather than a second dose of the J&J vaccine.

3. When do you need to get a booster? (how long after you finished your initial vaccine series?)

The FDA recommends getting a booster at least 6 months after completion of the initial series of the Moderna or Pfizer vaccines. The J&J booster is recommended at least 2 months after the initial J&J vaccine.

4. Why are boosters important?

Boosters are important for 2 main reasons. (1) The Delta variant is more infectious and therefore vaccinated people are becoming infected. (2) The booster dose increases the antibodies and T cells that the body makes as a result of vaccination. The levels are higher than after the initial vaccination. These responses are what protect people from infection and disease.

5. If I get a booster, am I preventing other people around the world from being vaccinated?

No. The US government is using the booster doses from our national stockpile. The doses have been bought already and these doses are restricted by contract for use in the US. The US has contracted out with Pfizer, Moderna and J&J to buy doses for donation to other countries. The US government has donated more than 1 billion doses of vaccines so far.

6. Should I get a booster from the same vaccine maker as my original COVID shot?

The best data on efficacy and safety are from using the same booster as the vaccine you received. There are small studies in which other manufacturers’ vaccines have been used as a boost: the “mix and match” studies. Those data show the antibody responses are increased by mix and matching. So, the FDA has authorized mix and match booster doses. This means that your booster vaccine does not have to be made by the same company as your initial vaccine(s).

7. Is it safe to get a booster from a different vaccine maker?

As long as the vaccine has been approved by the FDA, it is safe. This includes the vaccines from Pfizer, Moderna and J&J.

8. Is there benefit to getting a booster from a different vaccine maker?

Right now, there is no evidence that a “mix and match” booster dose will provide more benefit than getting a booster that is the same as the initial vaccination.

9. I heard that the Moderna booster will only be a half dose. Why not a full dose?

The half dose still enhances the levels of T cells and antibodies to much higher levels than after the 2 initial doses at full dosage. Several other vaccines have boosted well with “fractional dosing.” This is not a new concept in vaccinology.
10. How long will the booster last? Will we have to get boosters every year, like the flu shot?

We don’t know how long it will last. Much of this relates to how much the virus changes. We need to continue to study people’s responses to see how long they last.

11. Are there side effects for the booster?

Your side effects will most likely be like those you had when you got your original vaccination. There is no evidence so far that the side effects will be worse with the boosters.

12. Are we supposed to register again for the booster?

Booster doses are done in the same system as the initial vaccinations.

13. Are we going to receive any proof that we have received the booster?

You should bring your CDC COVID-19 Vaccination Record card when you get your booster, and it will be documented there. If you did not receive a CDC COVID-19 Vaccination Record card at your first appointment, contact the vaccination site where you got your first shot or your state health department to find out how you can get a card. Learn more about what to do if you need a copy of your CDC COVID-19 Vaccination Record card.

14. Is the booster free?

Yes.

15. If I need a booster shot, does that mean that the vaccines aren’t working?

No. COVID-19 vaccines are working well to prevent severe illness, hospitalization, and death, even against the Delta variant. However, public health experts are starting to see reduced protection against mild and moderate disease, especially among certain populations.

16. When can I get a COVID-19 vaccine booster if I am NOT in one of the recommended groups?

Additional groups of people may be recommended to receive a booster shot as more data become available.

17. Do the boosters address the new variants that have surfaced? How effective are they against the Delta variant, for example?

The booster vaccines are not different from the original vaccinations. They have all shown protection against the variants, including Delta.

18. What is the difference in efficacy between the different boosters? (Moderna, Pfizer, J&J and any other international boosters)

Booster doses of all three EUA vaccines (Moderna, J&J and Pfizer) increase immune responses and provide additional efficacy compared to not getting a booster.
Steve Wakefield, the former Director of External Relations at the HIV Vaccine Trials Network (HVTN), cultivated and spearheaded strategic partnerships with organizations and stakeholders across the globe. Wakefield, as he is known by his colleagues, community members, and friends, utilized his voice to advocate for the needs of underrepresented, underserved populations in medical research for over 35 years. Throughout his service at the HVTN, Wakefield developed various programs to increase community participation in HIV clinical trials. Of particular significance to chronically underserved African American communities, Wakefield served as a pivotal member of the HIV Prevention Trials Network’s Black Caucus, a group that advocates for the meaningful inclusion of Black people in some of the most significant studies exploring HIV prevention interventions in Black men who have sex with men and transgender women. Wakefield also founded the Legacy Project, a program which works to address racial and ethnic disparities in HIV clinical trials participation in the US. Though he retired from the HVTN in 2020, Wakefield still advocates for marginalized communities, serving on various committees such as the National Institute of Allergy and Infectious Diseases (NIAID) AIDS Vaccine Research Subcommittee.

I recently sat down with Wakefield to get his insight on how people new to public health can enhance their skills in public speaking, communicating HIV research science, and public health leadership. Despite his evident skill as a presenter, Wakefield was clear: "I don’t think of myself as a great public speaker but as someone who doesn’t mind talking to people about the things that are important to me...The most important piece is making sure we communicate in language that lay community members can understand and is culturally relevant to who they are, with the goal of bettering lives.”

Wakefield continued by highlighting his educational background in teaching speech and his studies in psychology as tools he has leaned on throughout his career. Specifically, he recalls utilizing techniques teachers employ, such as the teach-back method to build an understanding of HIV science among community members.

As the conversation progressed, Wakefield elaborated on some of the notable experiences in public health that helped shape his skills. Wakefield recalled three experiences that played a crucial role in developing his public health career. He cited the history of public service in his family, resulting in public service being an "instilled value" in his life. He also spoke about participating in research meetings where he learned the importance of voicing his concerns about how research was being conducted, even if he did not always have the scientific language to articulate his point or provide a solution. Wakefield then mentioned that his most fundamental experience was serving on the Chicago Board of Health for eight years. Serving on the board was where he began to recognize that if he wanted others to address HIV, he could not only speak about and raise concerns regarding HIV. In Wakefield's words: "I couldn’t just be the HIV guy.” He understood that there were various issues people on the board were concerned about, including
food safety, water reclamation, and low birth rates in Chicago. This realization shaped Wakefield’s approach to public health as he began to develop an understanding that he was acting in service of the community in which he lived, not only the disease or expertise area that he held. From that moment, he promoted a holistic approach to addressing HIV as a public health issue.

When asked what methods or practices he utilized to hone his skills in public speaking and translating science to lay communities, Wakefield’s response illuminated the character and integrity which helped cement his legacy as a community leader. He stated the most important things are to remain teachable, maintain your humility, and strive to express the needs of your community while ignoring how people (particularly academics) perceive your credentials. Wakefield shared his experience voicing his concerns at a National Institutes of Health (NIH) meeting in Washington, DC. During the meeting, a scientist questioned his qualifications to address the gathered body of researchers and academics. Wakefield responded bluntly to the scientist:

“What’s important is this is human subjects research. I am a human, and if we don’t put the human subjects at the forefront of what we’re doing, we may never get to the answers that are going to help us provide scientific and medical responses in an HIV epidemic.”

From that day forward, Wakefield used this answer as his constant mantra. His mission was to remind scientists that his community were the human subjects, and they needed to be heard. Likewise, he continues to champion that having expertise in being human is more than enough to voice your concerns in any setting.

As the conversation shifted to his outlook for the future, Wakefield spoke candidly concerning what he thought would be the most serious public health issues in HIV research in the coming years. Wakefield was clear in his belief that the HIV epidemic will further coalesce with the COVID-19 pandemic within the next five years. He stated: “We have not mastered the COVID-19 pandemic, and we don’t know how long COVID will remain a part of our lives. These large pandemics impact the infrastructure and safety of the globe, not just our country.” Wakefield firmly believes we will not get ourselves out of the COVID-19 pandemic or HIV epidemic by isolating. “The tools that we have to address public health crises must have a global response,” he stated. Wakefield explained that we need to find ways to cooperate across public health entities, so they are all arriving at solutions together.

Eventually, Wakefield spoke about some of the major ethical dilemmas facing HIV research in the coming years. He emphatically stated that the most pressing ethical dilemma of the next five years was the same dilemma that remained throughout the 40 years of the HIV epidemic:

“We forget we are fighting a virus, and we expect our solutions for that fight to be biomedical in a system that says there is a hierarchy of humans [meaning] some humans are more valuable than others. Our ethical dilemma is we have to overcome that system.... The solutions should be available to folks without regard to their resources. The public health mission is what is going to be best for the entire public.”

Wakefield concluded his response by reiterating the need to focus on public health solutions that value human life instead of valuing only those humans who can afford to live better.

Finally, when asked what advice he would give to people looking to advance themselves as public health practitioners, Wakefield spoke from a perspective of culturally shared wisdom. He encourages people to reflect on the words of Mahatma Gandhi: “Happiness is when what you think, what you say, and what you do are in harmony.” Wakefield then underscored that public health issues are interwoven throughout our society. Hence, he stated: “The circumstances that negatively impact issues I am passionate about, will also negatively impact issues that are passions of others.” He ended our conversation with a reminder of the importance of moving forward as best as you can, and having confidence in the abilities you possess, while reiterating not to place too much stake in others’ evaluation of you. “If you’ve done well, know you’ve done well. Don’t be overtaken by shame, regret, or mistakes.”

Louis Shackelford is the External Relations Project Manager for the HVTN
HVTN Faith Initiative 2.0: Leveraging COVID-19 Efforts to Respond to HIV

By: Ulysses Burley, MD, Chicago, IL, USA

The HIV Vaccine Trials Network (HVTN) conducts HIV vaccine clinical research studies in order to develop a safe and effective vaccine to prevent HIV globally. The success of the HVTN is tied to the study participants and communities around the world who volunteer their time and so much more to support these efforts. Since the beginning of the HVTN more than 20 years ago, a focal point of engaging communities in clinical trials has been partnerships and collaborations with faith communities. Faith leaders have been and continue to serve as trusted voices and sources of support, information, and guidance to their members. As part of the HVTN’s commitment to continue to meet communities where they are, engaging and maintaining relationships with faith communities has been a critical function of the HVTN’s work.

With the emergence of COVID-19, the HVTN and 3 other existing clinical trials networks merged to form the COVID-19 Prevention Network (CoVPN), enrolling thousands of volunteers for large-scale Phase 3 clinical trials testing a variety of investigational vaccines and monoclonal antibodies to protect people from COVID-19. Understanding the importance of community engagement in vaccine trials and the incredible work of faith leaders building bridges of understanding between faith and HIV science, the CoVPN implemented a robust community engagement strategy that featured a formal Faith Initiative to engage people of faith around COVID-19 education.

In the 12 months since the CoVPN Faith Initiative launched, 7 faith ambassadors who are geographically distributed across the U.S. have established, trained, and enhanced networks of faith and community leaders to conduct COVID-19 educational activities for U.S. communities most impacted by COVID-19, namely Black, LatinX, and Native and Indigenous peoples. The collective efforts of the CoVPN Faith Initiative have reached hundreds of thousands of people across hundreds of events that have helped them move from COVID ignorance to COVID competency; from vaccine hesitancy to vaccine acceptance and accessibility; and from medical mistrust to medical accountability and reconciliation. The success of the CoVPN Faith Initiative shows what can be possible with a similar initiative for HIV, when we make substantial investments in both people and precision medicine. We have an opportunity to leverage this moment when people have never been more aware of viruses, pandemics, vaccine development, and the importance of participating in clinical trials, to establish a formal HIV Vaccine Trials Network Faith Initiative and overarching community engagement strategy to further heal the divide between the science and the sacred.

UBtheCURE LLC, a Chicago-based consulting company operating at

CoVPN Faith Initiative Team

Rev. Edwin Sanders, Senior Servant and Founder of Metropolitan Interdenominational Church in Nashville, Tennessee (initiative leader)

Khadijah Abdullah, Executive Director of Reaching All HIV+ Muslims in America (RAHMA), Washington, District of Columbia

Dr. Ulysses W. Burley III, Founder of UBtheCure, Chicago, Illinois

Bishop Oliver Clyde Allen III, Senior Pastor and Founder of The Vision Cathedral of Atlanta, Georgia

Dr. Bambi W. Gaddist, CEO and Founder, Executive Director of the South Carolina HIV Council

Rev. Bertram G. Johnson, Union Theological Seminary, New York, New York

Rev. Kamal Hassan, Pastor of Sojourner Truth Presbyterian Church, Richmond, California
the intersection of faith, health, and human rights, will direct the establishment of the HVTN Faith Initiative under the leadership of current CoVPN Faith Ambassador, Immunologist, and long-time HVTN partner, Dr. Ulysses Burley III. Much like the CoVPN Faith Initiative, the HVTN parallel effort will enlist the expertise of as many as 10 diverse and geographically distributed HIV, public health, and faith practitioners to serve as ambassadors, each supported by up to 7 faith consultants who can integrate anti-racist, anti-xenophobic, anti-homophobic, and good participatory practice principles into a faith framework undergirded by science and stories. Beginning December 1, 2021 (World AIDS Day), faith ambassadors will conduct a minimum of 3 activities per month for 12 months in partnership with the faith consultants identified by the ambassadors.

The short-term goals of the inaugural HVTN Faith Initiative will be to reach 100,000 unique individuals of faith with culturally competent HIV/AIDS education and training, grounded in the context of the social determinants of health (https://www.cdc.gov/socialdeterminants/about.html). Participants will also be introduced to the HVTN and given access to its wide array of industry leading medical scientists and biomedical research opportunities. In the long-term, the HVTN Faith Initiative will build capacity in faith and community-based organizations for executing qualitative and quantitative research, and establish longstanding partnerships with academia, government, and biomedical institutions for sustainable funding opportunities beyond the initial mandate of the HVTN Faith Initiative. Using an integrated model of Communication for Social Change (see figure 2 on the next page) the HVTN Faith Initiative will redouble the efforts to end HIV as a public health crisis through the innovation of a globally safe and effective HIV vaccine, and a robust, well-resourced HVTN community engagement strategy that features faith as a key factor in educating and sharing information about HIV, COVID-19, and other emerging pandemics, public health crises, and disparities.

The establishment of the HVTN Faith Initiative will help create an environment where people

Continued on the next page...
HVTN Faith Initiative 2.0: Leveraging COVID-19 Efforts to Respond to HIV

Figure 2. Integrated Model of Communication for Social Change

Figueroa and Kincaid, 6/2001
who often have to leave their neighborhoods to access HIV and other health-related services will no longer need to, because we will have equipped houses of worship and community centers all over the country with tools to service their own constituents – possibly with an eventual safe and effective HIV vaccine -- just as we’ve witnessed faith institutions become vaccine distribution centers for COVID-19 throughout the country. We have all the science and medicine we need to eliminate the threat of HIV and other public health crises in this decade; what we need now more than ever, is to treat people and not just disease. The HVTN Faith Initiative proposes a people-first approach to increase awareness, competency, and trust in biomedicine developed in line with the belief across all faiths that life is sacred and therefore must be protected.

The Rev. Edwin Sanders, Senior Servant at Metropolitan Interdenominational Church in Nashville, TN has served as a long-time consultant to the HVTN and associated agencies and is the project manager for the COVID-19 Prevention Network Faith Initiative. Dr. Ulysses Burley III has also worked with the HVTN to provide faith communities with accessible biomedical educational in the context of the social determinants of health. UBtheCURE is a consulting company that operates at the intersection of faith, health, and human rights with expertise in HIV/AIDS. The organization specializes in HIV and AIDS awareness, advocacy, and capacity building, but also includes advocacy efforts addressing mass incarceration, LGBTQIA+, gender and racial justice, food security, and peace in the Middle East. UBtheCURE, under the leadership of Dr. Ulysses Burley, has been chosen to serve as the project manager for the HVTN Faith Initiative, building upon the successful model of the CoVPN Faith Initiative. Its overarching purpose will be to increase awareness of the impact of HIV/AIDS in the United States and the prospect of HIV vaccine development, while continuing to address the ongoing COVID-19 pandemic and other existing and emerging health challenges that disproportionately impact communities of color, which include people of faith.

You can learn more about the Integrated Model of Communication for Social Change at: https://www.thecommass.org/sites/default/files/strengthening_tools/socialchange.pdf.

Dr. Ulysses Burley is the Founder of UBtheCure and the project lead for the HVTN Faith Initiative.
The Mosaico Study, also known as HVTN 706/HPX3002, is a multi-country HIV vaccine study testing whether an investigational HIV vaccine regimen can prevent HIV acquisition in cisgender men and transgender persons who have sex with cisgender men and/or transgender persons. The study is being conducted in Argentina, Brazil, Italy, Mexico, Peru, Poland, Puerto Rico, Spain, and the United States. As of September 10, 2021, the study reached full enrollment of 3,800 participants. The communities and research teams involved in this study are hard at work to find an answer to the scientific questions about safety, immune response, comfortability with injections, and efficacy of the vaccine regimen. Answers to these questions are expected in 2024.

More information about the Mosaico study can be found at www.mosaicostudy.com.

Dr. Stephaun Wallace is the Director of External Relations for the HVTN and directs community engagement for the Mosaico Study globally.
### UPCOMING MEETINGS/CONFERENCES/AWARENESS DAYS

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<th>Event</th>
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<tr>
<td>2022 NATIONAL AFRICAN AMERICAN MSM LEADERSHIP CONFERENCE</td>
<td>Los Angeles, CA, USA 13-16 January 2022</td>
<td><a href="http://www.naesminc.org">www.naesminc.org</a></td>
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<td>U.S. NATIONAL BLACK HIV/AIDS AWARENESS DAY</td>
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<td>CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI)</td>
<td>12-16 February 2022, Denver, CO, USA &amp; Virtual</td>
<td><a href="http://www.croiconference.org/">www.croiconference.org/</a></td>
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<td>U.S. NATIONAL WOMEN &amp; GIRLS HIV/AIDS AWARENESS DAY</td>
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<td>U.S. NATIONAL YOUTH HIV/AIDS AWARENESS DAY</td>
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<td>U.S. NATIONAL TRANSGENDER HIV TESTING DAY</td>
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<td>2022 HVTN FULL GROUP MEETING</td>
<td>Washington, DC, USA 4-6 May 2022</td>
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<td>HIV VACCINE AWARENESS DAY</td>
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<td>U.S. NATIONAL ASIAN &amp; PACIFIC ISLANDER AMERICAN HIV/AIDS AWARENESS DAY</td>
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<td>2022 HIV PREVENTION TRIALS NETWORK ANNUAL MEETING</td>
<td>Washington, DC, USA – 4-8 June 2022</td>
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<td>HIV LONG TERM SURVIVORS DAY</td>
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<td>U.S. NATIONAL HIV TESTING DAY</td>
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MATSHIDISO “TSHIDI” MALEFO

The HVTN/CoVPN’s Social Behavioral Science (SBS) and Community Engagement Unit (CEU) is excited to welcome its newest member, Matshidiso “Tshidi” Malefo, who started on the 2nd of Aug 2021 and will be working closely with Kagisho Baepanye as an HVTN/CoVPN Community Engagement Project Manager based in Johannesburg, South Africa. Tshidi started to work at Setshaba Research Centre in Pretoria as a research interviewer for HIV clinical trials and social behavioral studies. Later she moved on to work for the Aurum Institute in Rustenburg as a research assistant, and then moved on to become the Social Science Coordinator/Sub-Investigator, coordinating all clinical and behavioral studies and Community Engagement. While working for Aurum, she was selected to work in a team of Social Behavior Researchers with the International Aids Vaccine Initiative (IAVI) which was developed to improve Social Behavior Researchers in Africa in 2015-2016. In 2016 she joined Sefako Makgatho Health Science University (SMU) as a Project Manager supporting 30 sites. Tshidi continued at SMU to become a part-time lecturer on the faculty of Public Health, teaching research methodology, biostatistics, and epidemiology. Tshidi graduated from the University of North West where she received a Bachelor of Arts degree in Social Science, and continued her education with an honors degree in HIV and Social Behavior Studies from the University of South Africa. In 2014 she graduated with a Master’s Degree in Public Health from the University of Limpopo (MEDUNSA Campus). She is currently working toward a PhD in Public Health at Sefako Makgatho Health Science University, collaborating with Antwerp University in Belgium. Tshidi brings 14 years of experience working in community engagement, social science, and health research. She looks forward to joining the HVTN/CoVPN Core family and working to make a difference in the lives of those most impacted by HIV and COVID-19.

RAFAEL GONZALEZ

Rafael is the latest addition to the HVTN/CoVPN Social Behavioral Science and Community Engagement Unit (SBS-CEU).

While Rafael was born in Miami, Florida to Cuban and Nicaraguan parents, he grew up in San Francisco, California. For the past 7 years, Rafael has worked at the clinical research site, Bridge HIV, within the San Francisco Department of Public Health. He held several positions at Bridge HIV such as Research Scholar, Clinical Studies Recruiter, Research Associate, and Community Programs Manager. In addition, since the COVID-19 pandemic began, Rafael also worked as the Community Mobilization and Navigation Coordinator for Unidos en Salud, a community-academic-public health partnership in San Francisco, which offers COVID-19 vaccination, rapid tests, and response services for the Latinx community in the Mission District of San Francisco. In 2019, Rafael was selected as one of the Minority Leadership Fellows by the National Alliance of State & Territorial AIDS Directors (NASTAD). In 2021, the HVTN recognized his efforts with the Network Service Award.

As the Senior Community Engagement Project Manager, he is excited to bring his passion and creativity to the HVTN/CoVPN at Fred Hutch and hopes to continue emphasizing the need for health equity.
GAIL BRODER

The HVTN wishes to reintroduce Gail Broder after receiving a well-deserved promotion to her new role of Associate Director, Social Behavioral Science & Community Engagement Unit!

Gail Broder was born and raised in Detroit, Michigan, receiving her Bachelors Degree in Music Therapy at Eastern Michigan University. She subsequently moved to St. Louis, Missouri, where she worked in long-term care settings as a music therapist specializing in Alzheimer’s disease and other dementias. In the 1990’s, Gail began losing friends and a mentor to AIDS, and she made the decision to redirect her career to HIV prevention in order to tackle the epidemic proactively. She received her Master’s Degree in Health Science with emphasis in Health Education in 1999 from Washington University in St. Louis. Her thesis work formed the basis for a curriculum in HIV prevention education. Following graduate school, one of Gail’s volunteer affiliations was with the Community Advisory Board (CAB) of the HIV Vaccine Trials Unit which was then located at St. Louis University. After serving for 2½ years as a CAB member, Gail moved to Seattle in 2003 to join the staff of the HVTN’s Community Engagement Unit.

Away from the office, Gail has maintained a semi-professional music career. She sang with the Detroit Symphony Orchestra Chorus for two seasons, then with the St. Louis Symphony Orchestra Chorus for 16 seasons, including four performances in New York's Carnegie Hall and three CD recordings. In Seattle, she performs with Seattle Pro Musica and sings in her synagogue's choir.
TRANSLATING THE LANGUAGE OF IMMUNITY

An advocate for equitable representation in science, doctoral student Nick Maurice was awarded the 2021 Graduate School Medal

By: Kate Stringer / UW Graduate School
Translating the Language of Immunity

Figuring out how to instruct the body to create immune responses, like with a vaccine, is like learning a new language. And some languages are more challenging than others.

Nicholas “Nick” Maurice learned this lesson during his first job at the Fred Hutch-based HIV Vaccine Trials Network in Seattle after earning his undergraduate degree. Around the time he worked there, several large-scale HIV vaccine studies came to a halt as clinical trials found them to be ineffective at generating protective immune responses. At the same time, a new HIV vaccine study was starting to show a glimmer of hope in the battle against HIV.

Maurice realized there was a lot more complexity to the language of immunology than he had first thought, and that scientists across the field were still learning how immune cells communicate to protect against infections. Maurice was committed to understanding the language of immune cells, too.

Maurice is now a doctoral student in the Molecular and Cellular Biology program at the University of Washington, where he’s spent the past six years studying this complex language of cells in the immune system.

But he’s learned that just as important in learning the language of immunity is communicating that knowledge with the community. That’s why he participates in outreach programs in local high schools, mentors young scientists, and builds trust in science among groups that have historically been excluded from or marginalized by biomedical research.

Maurice was recently awarded the 2021 UW Graduate School Medal, which recognizes scholar-citizen graduate students whose academic expertise and commitment to their community promotes social change.

“By understanding how people talk about science, how we can better communicate science, and how we can find some commonalities in our language of science, we can build a culture of community-driven, equitable science,” Maurice said.

On a recent May morning, Maurice woke up at 4:30 a.m., travelled from the Queen Anne neighborhood in Seattle that has been his home for the past seven years to South Lake Union, where he conducts his graduate research in Associate Professor Dr. Martin Prlic’s lab at Fred Hutch. Maurice is running an experiment that needs to be checked on every 18 hours, which means accommodating very specific schedules.

It’s not the first time he’s had an unconventional routine for work. When Maurice first started in the lab, he had the idea to study immune cells within a placenta, which in some ways behaved differently than immune cells in other parts of the body. He’d receive a new placenta to study in the afternoon, isolate and test the immune cells from it late into the night, and head home in the early morning hours.

Prlic asked Maurice why he didn’t just go home, sleep and begin studying the organ in the morning. Maurice said he was too excited to start figuring out what made the immune cells in the placenta so unique.

“Immunology in its own right is a language where there is syntax, there is grammar, there is morphology,” Maurice said. “The delivery of these signals between cells is really important in launching a proper immune response, but we don’t understand the language completely. While part of my passion is to demystify the language of immunity in society, I’m also really keen on understanding how these cells communicate between each other.”

The basics of immune cell language are well-understood, but the way they communicate can be different between blood, tissues

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that are at risk for infection (like the lungs with flu or SARS-CoV-2), solid tumors and even the placenta. It’s similar to how regional dialects lead to variations of a common language within the same country.

Learning the language of science can also feel different based on how you’re introduced to it. Maurice remembers how designing cancer proteins with his biochemistry professor during his undergraduate studies attracted him to science in a way memorizing facts from a textbook did not.

Similarly, Maurice introduces the language of science to students in different ways. During a career panel with College Possible at Nathan Hale High School in north Seattle, Maurice taught a group of high schoolers how to pull DNA out of strawberries. It was one of many trips Maurice has made around the Seattle area teaching youth — especially those underrepresented in science — about research, and encouraging them to consider careers in science.

After mashing strawberries in soapy salt water, the teens added ice-cold rubbing alcohol to the mixture, causing a white tangle of DNA strands to materialize in the solution. Being able to extract DNA is the starting point for so many scientific inquiries, Maurice explained to the students, from solving crimes to understanding the history of our species to diagnosing diseases and creating medicines.

As the students were working, an AmeriCorps volunteer approached Maurice and pointed out a student who was eagerly mashing strawberries. They’d never seen this student so engaged in school the past six months. What else could they extract DNA from? Maurice grabbed a nearby bowl of salsa and some other fruit for extraction. He also showed her how to swab the inside of her mouth for a skin sample, much like the way at-home DNA testing kits are used. He handed her tubes of DNA extraction solutions so she could try pulling DNA out of other things at home.

While these opportunities are a fun way to introduce students to a wide range of careers one can do with a STEM education, Maurice said that he and his colleagues use them to highlight how social justice and science intersect, such as the implicit biases programmed in internet search engines and artificial intelligence.

One example of how whiteness can be entrenched in immunology research is through how T cells of our immune system “taste” for infection — but they taste what’s presented on self-derived proteins, called MHC, which function like a dinner plate, Maurice said. Immunologists have made MHC molecules into a tool that can “mark” T cells that are specific for a pathogen.

There is high genetic diversity in MHC genes, but some of the ones most commonly used by researchers are those found more frequently in white people versus other races/ethnicities.

“One of the problems we need to address is how our research tools may be built in whiteness,” Maurice said. “We are in the process of reckoning that, but it is astounding to see implicit biases in something like research, which we paint to be unbiased and empirical.”

Including diverse perspectives in science — from the participants in a study to the scientists who are creating and conducting the research — can address the distrust communities might have because of an outright lack of representation or historical marginalization and mistreatment. While this work was critical before the COVID-19 pandemic, the past year has only heightened the importance for Maurice.

“I have observed both through research and volunteer work that community mistrust in research further perpetuates a cycle of disproportionate burdens and skepticism,” Maurice said. “Representation is critical in addressing these fears.”

Maurice is part of several Seattle-area groups that strive to build dialogue between researchers and
the public, such as the Community Advisory Board for the Seattle Vaccine Trials Unit.

As a member of the board, Maurice goes out and talks to those in the greater Seattle area about sex, vaccines and science. The board also holds the Vaccine Trials Unit up to community standards, safeguards participants’ rights and safety, and makes sure community outreach is equitable and inclusive of diverse populations.

For Maurice, this work is also personal.

“My uncle died as a result of the HIV/AIDS epidemic and, as a member of the LGBTQ+ community, it’s very important to me to build trust between my community and the University of Washington and Fred Hutch as we conduct HIV studies,” Maurice said. “It’s important to participants to know that there are people like them helping conduct the study.”

While it’s important for Maurice to visibly represent and conduct research as a member of the LGBTQ+ community, he wants to also intentionally make space for and support others that are underrepresented in biomedicine.

In addition to volunteering with groups like College Possible, a nonprofit that supports low-income students in Seattle, Maurice has worked with Washington Building Leaders of Change, a nonprofit that empowers local high school students, and oSTEM, a UW club that supports LGBTQ+ students in science, technology, engineering and mathematics. He also guest-teaches and mentors undergraduate students at UW and his alma mater, Seattle Pacific University.

“Nick is the incredibly rare type of scientist that we so desperately need in our science community: a scientist who cares as much about science as he does about community service and education,” Prlic said.

Maurice says he’s just a small cog in the great work these groups do, and plans to give some of the award money he’ll receive from the Graduate School Medal to these groups.

“Nick is the incredibly rare type of scientist that we so desperately need in our science community: a scientist who cares as much about science as he does about community service and education,” Prlic said.

Having spent the majority of his life in the greater Seattle area, Maurice is going to miss this community that he’s been an active part of.

But he’s already interviewing at places around the country for his postdoctoral placement after he graduates. Maurice earned the prestigious National Cancer Institute F99/K00 Transition Award that funds students at the end of their graduate studies and into their postdoctoral work.

“I’m stoked to find out if we can change how cells communicate to develop new ways of treating cancer or other diseases with our immune systems,” Maurice said.

Wherever he lands, he plans to continue to make STEM and research more accessible to the general public through the Vaccine Trials Network, which has clinical sites all over the world in addition to its headquarters in Seattle.

He’ll continue building a community that understands, and builds, a more inclusive language of immunity.

This story was originally published on May 26, 2021, on the University of Washington Graduate School website.

Lead photo by Meghan Klein
Story by Kate Stringer, UW Graduate School
Community Engagement team participation in the Evellyn Loren YouTube channel and Mister G 2021 event

By: Jeferson Fonseca, Lucas Emanuel, Max Nunes, Luize Campos, Belo Horizonte, Brazil

The Belo Horizonte site’s Mosaico Community Education team participated in an interview for Evellyn Loren’s YouTube channel, a channel aimed to the LGBTQIA+ population, with the purpose of talking about the Mosaico Study and its importance. The community educator team (Lucas Emanuel, Max Ferreira) along with the Community Education Coordinator Jeferson Fonseca and the Study Nurse Ana Clara Maia were present for this super productive and enlightening chat.

Being very influential with the LGBTQIA+ population of the greater Belo Horizonte area, Evellyn and her team always raise issues of interest to the community, the communications team, and activists for the cause.

We also participated in the Mister G 2021 contest, which chose the most influential and representative gay man of the capital. Jeferson Fonseca (CER) was a guest judge of the contest and, together with Community Educator Max Nunes, reinforced the importance of the Mosaico Study for the entire population, besides bringing giveaways for the contestants and the other jurors.

To be successful in continuing Mosaico activities, the team is committed to retention strategies for participants. We have been constantly welcoming the volunteers, not only in face-to-face study appointments, but also through weekly cards, social networks, online consultations, and assistance to the participants outside of their visits through HIV prevention kits and monthly food baskets. Our door is open to everyone during the week.

Although the recruitment phase of the study is over, the Mosaico team continues the activities with much excitement and also with much assistance to the participants.

Jeferson Fonseca is the Community Engagement Coordinator, and Max Ferreira, Lucas Emanuel and Luize Campos are the Community Educators for the Belo Horizonte Clinical Research Site.
Impact of the COVID-19 pandemic on the Community Engagement activities of an HIV vaccine study

By: Gastón Devisich, Nadir Cardozo, Solange Fabian, Mariana Duarte, Damian Falcon Werthein, Agustín Espain, Buenos Aires, Argentina

The COVID-19 pandemic has become an integral part of the community engagement agenda in Fundación Huésped, including but not limited to the Mosaico study. The health crisis has generated a new focus for work considering the organization’s approach to prevention and care, especially for the same populations enrolled in the Mosaico study.

Community engagement at our site was not established solely based on the fulfillment of Mosaico’s or any other study’s recruitment necessities, nor are our goals abandoned after studies are completed. Research constitutes one component within the scope of a greater framework: the provision of a comprehensive and intersectional approach to the complex and diverse reality of people, especially those belonging to key populations in the HIV spectrum.

Thus, in the context of COVID-19 urgency, our education and recruitment agendas could not be approached without first responding to the community’s needs. New projects were developed to cover basic needs of our partner community-based organizations and to sustain retention in care of transgender people by delivering home-care.

In that respect, COVID-19-related information and psychosocial support were provided on different topics including circulation permits, case management, testing, prevention, and access to health, among others. Also, multimedia resources on hygiene and sanitation measures; promotion of virtual sex; COVID-19 prevention and risk reduction measures for sex workers; and research and development on health sciences were designed and disseminated.

As a non-profit organization, Fundación Huésped was able to sustain services that were interrupted in other health settings that were redirected to provide diagnosis, care and treatment of COVID-19, such as:

- STI testing,
- Comprehensive trans healthcare (especially the endocrinological clinic),
- Personalized counseling,
- Individual psychotherapy,
- Support groups for people living with HIV,
- Legal advice,
- Online courses on comprehensive sexual health, and
- Other studies conducted at our Clinical Research Site.

These services are free of charge, and due to the pandemic, the have shifted to virtual modalities: phone or video call, website, e-mail, social networks, limiting in-person services to cases where technology was not available.

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All these activities, including a strong presence of the community engagement team and the overall organization in the public arena, were fundamental when Mosaico’s enrollment efforts resumed. As some volunteers stated, their original interest in the study was because it was our organization who was conducting the study.

As with many clinical trials, Mosaico enrollment was impacted by the community’s doubts regarding medical, scientific and pharmaceutical industry interests. These were sometimes mixed with anti-occidental feelings about the West, apprehension about biomedical approaches, and even negationism to deny history. These feelings are also fueled by the absence of an advanced cure initiative at our site, which leads to perceptions that the development of an HIV-vaccine is a non-structural solution to the epidemic.

Therefore, reinstating confidence in the institutions implementing clinical studies becomes a key asset, as encouragement of participation is inspired by trust and good will behind the motives of the research. Addressing the current needs of key populations has to be a priority in order to bolster and preserve the fidelity of potential participants, since it’s this closeness with people through the community engagement agenda that paves the way for success.

Gaston Devisich and Nadir Cardozo are the Community Engagement Representatives, Solange Fabian and Mariana Duarte are the Transgender Peer-Navigators, Damian Falcon Werthein and Agustin Espain coordinate Study Participants’ Contact & Follow-Up for the Fundación Huésped (Almagro) Clinical Research Site in Buenos Aires, Argentina.
(October 20, 2021, Los Angeles, CA) — Black AIDS Institute (BAI), the nation's only 'think and do tank' focused on ending HIV in all Black communities, is proud to be the sole recipient of the Health Resources & Services Administration - HIV/AIDS Bureau's (HRSA/HAB) eight-million-dollar grant for a biomedical justice initiative. This four-year project led by BAI, in partnership with Cardea and Legacy Project, aims to develop a national training program for students from Historically Black Colleges and Universities (HBCUs) to expand and diversify a strong pipeline of HIV advocates and leaders equipped to end the HIV epidemic. By focusing on the southern states, which are home to a majority of HBCUs and regionally prioritized by the federal government’s ‘Ending The HIV Epidemic’ program because they face the heaviest HIV burden, the BAI-led team’s efforts will center Black Americans who remain most vulnerable due to systemic racism.

Reverend Rob Newells-Newton, Director of National Programs, Black AIDS Institute, said, "This project will harness two decades of BAI’s experience in HIV workforce development, community mobilization, and collaboration with minority-serving institutions. We are appreciative of HRSA-HAB’s funding as a recognition of our collaborative approach that brings together stellar partnerships with Cardea and Legacy Project, scientific guidance from BAI’s all-Black Scientific Advisory Committee, mentorship from BAI’s African American HIV University (AAHU), and outreach by BAI’s Black Treatment Advocates Network. This effort will be a testament to the Black excellence and expertise that are entirely capable of addressing and ending HIV in Black America."

**Black AIDS Institute Partnerships:**

Cardea is a national, women of color-led organization with 50 years of experience providing capacity development, policy advancement, professional learning, and social impact evaluation services to diverse health and human services agencies across the U.S. Their team envisions a world in which optimal health and well-being, equity, and justice are realities for all communities. They do this by addressing complex program, policy, and systems issues through co-creating solutions that center community strengths and wisdom. Cardea is an organization deeply committed to equity and justice and center this in all of their work to strengthen and transform systems, communities, and organizations.

The Legacy Project (Legacy), a national initiative housed within the Office of HIV/AIDS Network Coordination (HANC), based at the Fred Hutchinson Cancer Research Center, also joins in this effort, bringing to the project its ongoing expertise in integrating HIV science into curricula at multiple minority serving institutions (MSIs). With a team of diverse, skilled, and devoted staff and working group members, the Legacy Project works to cultivate and enhance partnerships and relationships among the National Institutes of Health (NIH) HIV/AIDS Clinical Trials Networks and research sites, research and academic institutions, governmental agencies, community-based organizations, and affiliates, while ensuring a commitment to capacity building for communities and populations most impacted by the HIV epidemic in the United States.
The HIV Vaccine Trials Network is an international multi-disciplinary collaboration. Support for the HVTN comes from the National Institute of Allergy and Infectious Diseases (NIAID) of the U.S. National Institutes of Health, an agency of the U.S. Department of Health and Human Services. The Network and NIAID have a close, cooperative working relationship, with shared attention to intellectual and scientific issues.

ABOUT COMMUNITY COMPASS
The Community Compass aims to keep the HVTN community informed about the Network’s research, site activities, and advances in the field of HIV prevention and vaccination. We encourage community members to submit news and event reports to this magazine and make this a true community sharing platform.

Translations in Spanish, Portuguese and French provided by Northwest Translations, Inc. www.nwtranslations.com

SEND INQUIRIES ABOUT THIS ISSUE OF COMMUNITY COMPASS TO:
Stephaun E. Wallace, sewallac@fredhutch.org

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