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

In this issue, we acknowledge the recent passing of our dear colleague and long-time HIV activist Giulio Corbelli, a recent announcement of Dr. Anthony Fauci stepping down from his role as Director of the National Institute of Allergy and Infectious Diseases, a recent statement from experts regarding the importance of including people living with HIV in TB research, a historic Global Fund replenishment, a story about the impact of Monkeypox (MPX) on key communities, and Dr. Larry Corey’s recent Alexander Fleming award along with many other HVTN updates. We also must celebrate the amazing work that has gone into developing the Red Ribbon Registry for use by our US sites and the marketing campaign that accompanies it (which you can review at www.helpendhiv.org), which will gradually expand to include all of the DAIDS networks, and the amazing work that went into refreshing our HVTN.org website. If you haven’t checked it out lately, I encourage you to do so!

While many communities are still grappling with the impacts of the COVID-19 pandemic, more health threats have emerged, impacting communities and causing concern. These including MPX, respiratory syncytial virus (RSV), and influenza. We are seeing cases and deaths related to COVID-19 decline globally. However, we must continue to acknowledge that the impacts and reality of the COVID-19 pandemic are not yet over, especially as we see diverse new SARS-CoV-2 variants (the virus that causes COVID-19) circulating that are being monitored for their potential to evade the immune responses created by our highly effective COVID-19 vaccines. We saw MPX spread with explosive force, and the messaging and vaccine equity issues observed in response have been reminiscent of not only the COVID-19 pandemic, but also the early days of the HIV epidemic so many years ago. MPX treatments and vaccines are being deployed, and it is hopeful that the most vulnerable communities will have access. We must continue the important discussions about the lessons learned during the COVID-19 pandemic that can be applied to HIV and other infectious diseases, and continue to stretch our thinking and expanding our hearts and minds to ensure that we are collectively moving forward in ways that do not leave people behind.

Finding a safe and effective HIV vaccine remains a key priority for the Network and our communities. Over the next couple of years, we will see many early phase studies launch that are focused on testing the safety of HIV vaccine candidates, seeking to better understand the immune responses generated by the vaccines, and exploring other strategies to vaccine development. These studies
may sometimes be done in smaller numbers of people; however, we do have one large scale HIV vaccine efficacy study that is still in progress, Mosaico (HVTN 706) ([www.mosaicostudy.org](http://www.mosaicostudy.org)). We are looking forward to seeing results in the near future. This study uses a mosaic-based platform which supports the evaluation of the vaccine across various types of HIV found around the world.

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. If you are a member of the general public and have questions or ideas for submission, please reach out to us via our information on the HVTN Community Compass home page: [https://www.hvtn.org/community/community-compass.html](https://www.hvtn.org/community/community-compass.html).

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**  
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”.

Meet the Community Compass Team

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I am announcing today that I will be stepping down from the positions of Director of the National Institute of Allergy and Infectious Diseases (NIAID) and Chief of the NIAID Laboratory of Immunoregulation, as well as the position of Chief Medical Advisor to President Joe Biden. I will be leaving these positions in December of this year to pursue the next chapter of my career.

It has been the honor of a lifetime to have led the NIAID, an extraordinary institution, for so many years and through so many scientific and public health challenges. I am very proud of our many accomplishments. I have worked with — and learned from — countless talented and dedicated people in my own laboratory, at NIAID, at NIH and beyond. To them I express my abiding respect and gratitude.

Over the past 38 years as NIAID Director, I have had the enormous privilege of serving under and advising seven Presidents of the United States, beginning with President Ronald Reagan, on newly emerging and re-emerging infectious disease threats including HIV/AIDS, West Nile virus, the anthrax attacks, pandemic influenza, various bird influenza threats, Ebola and Zika, among others, and, of course, most recently the COVID-19 pandemic. I am particularly proud to have served as the Chief Medical Advisor to President Joe Biden since the very first day of his administration.

While I am moving on from my current positions, I am not retiring. After more than 50 years of government service, I plan to pursue the next phase of my career while I still have so much energy and passion for my field. I want to use what I have learned as NIAID Director to continue to advance science and public health and to inspire and mentor the next generation of scientific leaders as they help prepare the world to face future infectious disease threats.

Over the coming months, I will continue to put my full effort, passion and commitment into my current responsibilities, as well as help prepare the Institute for a leadership transition. NIH is served by some of the most talented scientists in the world, and I have no doubt that I am leaving this work in very capable hands.

Thanks to the power of science and investments in research and innovation, the world has been able to fight deadly diseases and help save lives around the globe. I am proud to have been part of this important work and look forward to helping to continue to do so in the future.

NIAID conducts and supports research—at NIH, throughout the United States, and worldwide—to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these illnesses. News releases, fact sheets and other NIAID-related materials are available on the NIAID website.

About the National Institutes of Health (NIH): NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

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This story was originally published by the NIAID Press Office.
Dr. Anthony Fauci speaks about the challenges of public health and politics during a fireside chat with Dr. Larry Corey, principal investigator of the HVTN, at the Fred Hutchinson Cancer Center, August 9, 2022, in Seattle, Washington.

Photo Credit: Robert Hood
The NIH/DAIDS Cross-Network (ACTG/HVTN/IMPAACT) TB Vaccine Working Group calls for people living with HIV to be included in tuberculosis vaccine development

International experts issue recommendations calling for this vulnerable group to be included in TB vaccine trials

People living with HIV must be included in clinical trials for new tuberculosis vaccine candidates currently in the development pipeline, say experts on an international panel convened last year to address gaps in the current TB vaccine landscape. Their recommendations, which appear in a new paper published Oct. 11, 2022, in The Lancet HIV, are designed to shape the future of TB vaccine development and help ensure people living with HIV have access to safe and effective TB vaccines like those for the general population.

The panel was convened by the DAIDS Cross-Network TB Vaccine Working Group comprised of the HIV Vaccine Trials Network (HVTN), the AIDS Clinical Trials Group (ACTG) and the International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT). The three networks worked collaboratively with the National Institutes of Health, National Institute of Allergy and Infectious Diseases (NIAID) and its Division of AIDS.

Meeting at a series of symposia in January and February 2021, panel members developed consensus statements that serve as strategic recommendations designed to address current TB vaccine gaps and prioritize clinical trials for people with HIV.

“People living with HIV are at high risk for tuberculosis infection and subsequent disease and tend to develop less robust vaccine-induced immune responses,” said James G. Kublin, MD, executive director of HVTN, which is based at Fred Hutchinson Cancer Center, and co-senior author of the paper. “Yet, many questions remain unanswered about developing an effective TB vaccine for this group.”

Background

Tuberculosis was responsible for 1.5 million deaths in 2020 and continues to pose a threat to global health, particularly for those living in nations with high TB incidence. The World Health Organization estimated that almost 10 million people developed the disease in 2020, 8% of whom were coinfected with HIV. That translated to almost 800,000 diagnosed cases that caused some 214,000 deaths among people living with HIV.

The paper notes that people living with HIV have a 15- to 21-fold greater likelihood of developing TB disease and dying from it compared with those not living with HIV. That’s likely due to HIV-associated immunosuppression that results in a weaker immune response and lower vaccine efficacy for people living with HIV.

“TB remains the leading cause of morbidity and mortality in people with HIV, and those with advanced HIV disease have the highest risk for TB disease,” said Gavin Churchyard, MBBCH, FCP (SA), FRCP (Edin), MMED, PhD, founder and CEO of The Aurum Institute NPC, a member of HVTN and ACTG, and co-senior author on the article. “Even with antiretroviral therapy (ART) lowering viral loads to undetectable levels, people living with HIV remain at significantly greater risk for TB and worse outcomes than the general population.”
Moreover, people living with HIV historically have been excluded from TB vaccine trials so developers could maximize the ability to demonstrate strong immunity and effectiveness with their vaccine candidates, Kublin explained. There also have been concerns about using live-attenuated vaccines, such as Bacillus Calmette-Guérin (BCG), in people living with HIV who are not on ART, for fear of spreading live bacteria.

It is important to note that even among persons living with HIV, some communities are often excluded from TB vaccine trials – children, adolescents and pregnant women.

“It is critical that persons living with HIV across the lifespan be included in TB vaccine trials,” said Amita Gupta, MD, MHS, FIDSA, director of the Division of Infectious Diseases at Johns Hopkins School of Medicine, vice-chair of the IMPAACT TB Scientific Committee and a study co-author. “Data for children, adolescents and pregnant women are much-needed but are often slow to be generated. The goals of TB elimination require novel TB vaccines, and we must focus on these populations who are at especially high risk for TB disease after exposure,” Gupta added.

**Gap in New Road Map**

Recently, the Amsterdam Institute for Global Health & Development, in cooperation with the European & Developing Countries Clinical Trials Partnership, produced a comprehensive road map with short- and long-term goals for TB vaccine research and development.

But the road map had a glaring omission: It failed to specifically address TB vaccines in people living with HIV.

“That oversight served as the impetus for gathering the expert panel tasked with making strategic recommendations to address these gaps for people living with HIV and establish priorities for future TB vaccines,” said Kublin.

“Our paper with the panel’s recommendations makes a strong case for including people living with HIV in clinical development of TB vaccines as early as possible,” Churchyard concluded. “Doing so will help maximize the safety and effectiveness of TB vaccines for this at-risk group while benefitting the population at large.”

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https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(22)00255-7/fulltext

**About the IMPAACT Network**

The International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) is a global collaboration of investigators, institutions, community representatives, and other partners organized for the purpose of evaluating prevention and treatment interventions for HIV and HIV-associated complications and co-morbidities in infants, children, and adolescents, and during pregnancy and postpartum through the conduct of high-quality clinical trials. The Network evaluates novel and durable treatments for both HIV and TB, strategies for antiretroviral treatment-free HIV remission/cure, and strategies to address the complications and co-morbidities affecting these populations of interest with or at risk of HIV. IMPAACT trials have led to changes in global HIV and TB treatment guidelines and to licensure of new antiretrovirals (ARVs) and new formulations of ARVs as well as to development of other interventions for these key populations. The Network is funded primarily by the National Institute of Allergy and Infectious Diseases (NIAID), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and the National Institute of Mental Health (NIMH).
Seventh Replenishment
Fight for What Counts

The Global Fund’s Seventh Replenishment is the world’s opportunity to rise to the challenge and take bold action to protect everyone, everywhere from the deadliest infectious diseases.

Our target is to raise at least US$18 billion. This is the minimum required to get the world back on track toward ending HIV, TB and malaria, to build resilient and sustainable systems for health and strengthen pandemic preparedness, making the world more equitable and safer from future threats.

The 20-year success story of the Global Fund is proof that it can be done. And the Global Fund’s Seventh Replenishment is the moment to make it happen.
Over the past 20 years, our unique partnership has invested more than US$55.4 billion, saving 50 million lives and reducing the combined death rate from HIV, tuberculosis (TB) and malaria by more than half in the countries in which the Global Fund invests.

For the Seventh Replenishment, the Global Fund needs at least US$18 billion. This is the minimum required to get the world back on track toward ending HIV, TB and malaria, to build resilient and sustainable systems for health and strengthen pandemic preparedness, making the world more equitable and safer from future threats.

The stakes could not be higher. The last two years have been a vivid demonstration of how old and new pandemics interact. COVID-19 has been a catastrophe for those most affected by HIV, TB and malaria. If we do not meet our new investment target, many more people will die from these pandemics and be at risk from future health threats.

These funds are needed to change the trajectories of mortality and incidence toward achieving the SDG 3 target of ending AIDS, TB and malaria as epidemics by 2030, build stronger and more resilient health systems and strengthen capacities to prevent and prepare for future pandemics.

By taking an integrated approach to the pursuit of these complementary objectives, we can maximize the impact of every dollar.

Our investment case lays out how we plan to fight for what counts and protect everyone, everywhere from the deadliest infectious diseases and build a healthier, more equitable world.

Find out more about the Seventh Replenishment online at www.theglobalfund.org/en/fight-for-what-counts/

This story was originally published by The Global Fund.

I am a cisgender heterosexual (CisHet) Black man. That sentence is easy for me to write now, but it was once hard for me to claim in the community spaces I occupied in clinical research. I used to think that being a CisHet man was a liability to my capacity to be an effective public health practitioner, particularly when I worked in spaces centering LGBTQIA+ people of color. I assumed that my identity would make those I worked with uncomfortable with my presence, creating an insurmountable barricade between us. I didn’t realize at the time that the only discomfort that existed was my own, and I was projecting it onto the people around me.

Recognizing what it meant to be CisHet in queer spaces became one of my first lessons on privilege in my public health career. Until then, I could float from space to space, not concerned by how those around me perceived my sexual orientation or gender identity and how that impacted my actions. Growing up as a Black cisgender man not identifying as queer or trans in a low-income community (better known as the hood, projects, or ghetto), I felt like privilege was something I was always working to obtain. I never considered I could have privilege, especially not enough to bring harm to anyone. My feeling of disempowerment blinded me, making it hard for me to see the impact of who I was or what I could be, let alone how my actions could affect others.

To make matters worse, my resources to increase my understanding of privilege were few. Becoming a “reader” has been a relatively recent development in my life. When discussing the complexities of Black CisHet privilege in relation to queer Black communities, a friend emphatically proclaimed what they saw as the root issue: “Niggas don’t read.” While I would like to think there is more nuance to the matter, being aware of my own experience, I could not deny the weight of their words. I came from an environment where there was this unspoken divide between that which was “normal” (i.e., straight, heterosexual, cisgender) and that which was “queer” (i.e., LGBTQ). Looking back, I know I spent much of my life living on the “normal” side of this divide, shielded away from perspectives, understanding, and insights that would allow me to envision a world outside my own identity. Sadly, after living in such a divided world for an extended period, you begin to fear what is on the other side. It astounds me how comfortable people become fearing the unknown, even when the unknown are people in your community you see daily.

Fortunately, I have always hated being afraid. I grew up in de-powering spaces, steeped in domination and fear as tools of control, providing an opportunity for systemically disempowered individuals to feel powerful. Fear was the worst form of disempowerment and the hardest for me to endure. As a result, my relationship to fear has been a double-edged sword. There are moments in life where fear arises...
through circumstances in clear and blatant forms. Blatant fears are the easiest to face, typically through courage, frustration (resulting from anger and anxiety), naïveté, or some combination of the three. However, when the source of my fears is murky or too complex for me to grasp, I bury them. Consciously or subconsciously, I push that which I do not understand into the emptiest, most bottomless pit my mind can conjure and I bury it. I conceal it deep beneath my Blackness, my maleness, my marginalization, my education, my ignorance, my culture (often self-affirming), my habits (good and bad), my wealth, my lack, my suffering, my longing, and certainly my pride. These burials weren’t just ritual, they were my secret weapon against anything that contained the potential to challenge my privilege. They were a weapon of choice I deftly and frequently deployed into early adulthood.

Though my ability to bury my fears was my most potent weapon, it eventually led to my awakening to privilege. I saw my ability to effectively blot out the portion of the world that was incongruent with my identity and perspective as one of the central components of my privilege. As such, it was the component of privilege I needed to perpetuate to maintain the fallacy that I existed in a world created in my image. Here lies my gratitude for service, my immense appreciation for community, and my eternal gratefulness for love. When I started my career in clinical research as a peer community navigator in my first HIV prevention research study, I knew little about public health and how to support those in need. My one confidence area was my ability to show love to the people around me. A person I consider my spiritual mother instilled in me the belief that anything that keeps me from loving people is inherently not of God, because God is love. I didn’t know it then, but that belief would redefine who I was as a person, man, and community member. My peer navigator role required me to love people in my community who lived on the other side of my “normalcy” divide, and it was the duty of my position to help them meet their basic needs. Yet, to fulfill my duty and address their needs required that I see them fully in all their humanity. I had to listen to their needs; I had to process their stories, their truths. Their truths clarified my role, created unforeseen pathways to shared problem-solving to address their needs, and centered our relationships on wellness and healing. I had to learn to see beyond our differences to be a sounding board, a confidant, a colleague, a friend, a brother, an ally, and a co-conspirator.

My love for my community required me to grow in ways I never knew were possible. I would not be the person I am today if I remained in the comfort of my privilege and limited perception of the world. I had to humble myself to grow beyond my privilege. Humility centered around acknowledging the privileges afforded to me, being intentional concerning when and how I take up space, recognizing not all community spaces are designed for CisHet people, and taking accountability for my language, especially when related to people who are different from me. Humility also means communicating beyond surface-level honesty, learning to be vulnerable in uncomfortable situations, and increasing my capacity to listen more than speak. It is seldom easy, but it is always worth it.

Though this process demanded much of me, I have gained more from it than I ever could give. My gains include life-long friends and connecting with people with perspectives and backgrounds that have given me a new understanding of what it means to be fully human, present, and valued in society. I have achieved new levels of compassion and empathy, becoming infinitely more thoughtful than the man I once was. Best of all, I dismantled the artificial mental barriers that siloed my sense of community. Forming intimate relationships with people in my community of different genders, sexual orientations, classes, and life experiences has taught me how much I had in common with people that societal indoctrination demanded I perceive as “other.”

Often, in reflecting on the lives of my same-gender-loving and trans friends as compared to my own, it is hard to find differences outside of how we identify. And yet, I am still learning and remain fallible. I make tons of mistakes daily as I strive to divest from privilege, discrimination (internalized racism, colorism, sexism, homophobia, transphobia, etc.), and patriarchy. However, I have accepted that my best days are not fictional ones in which I make no mistakes; they are days when I find fewer faults and can acknowledge that I am growing.

Regardless, my community has invested too much in me to be silent in my support and love. I owe all the people who taught me when I knew nothing, who gave me an opportunity when they didn’t have to, and who took the time to share their most cherished or tumultuous experiences to connect with me. Most importantly, they have granted me the grace to share space with them as family, an act of love that has reshaped everything about who I am today. Love made me aware. Love made me brave. Love made me fully present. Love made me see the unseen. Above all, love keeps me growing.

Louis Shackelford is an External Relations Project Manager with the HVTN.
The CDC Scientist Who Couldn’t Get Monkeypox Treatment

By: Anna Maria Barry-Jester, photography by Braylen Dion, special to ProPublica.

As a Black man and a senior CDC scientist, William L. Jeffries IV knows a lot about health inequities and infectious diseases in America. Still, it took visits to 3 doctors — and a desperate call to a colleague — for him to get treatment for monkeypox.
On a Monday morning in mid-July, William L. Jeffries IV decided it was time to call a colleague for help. Jeffries is a senior health scientist at the Centers for Disease Control and Prevention in Atlanta, where he researches the ways that racism and homophobia impact health in the United States. Jeffries, who describes himself as a same-gender-loving Black man, sees the work as a way to serve his people and, by extension, God.

This call, however, was a personal one. He was sitting on his bed in pain, and he was angry.

Jeffries was angry for the hundreds of people, mainly gay and bisexual men, who were infected with monkeypox. He was angry that the burden was falling particularly hard on Black and Latino communities. He was angry that the federal government had been saying for eight weeks that it had the tools necessary to deal with the growing outbreak yet people were still struggling to find care.

And he was angry because he himself now had monkeypox and couldn’t find anyone to diagnose or treat him.

Jeffries told his colleague, who was helping to lead the CDC’s monkeypox response, about his ordeal. He knew then that he was a victim of the very failures of the American public health system that he studies.

“I myself am a trained disease detective. I have led outbreak investigations for HIV and syphilis. I am a published scientist. And I know a lot about public health and infectious disease transmission,” Jeffries said. “I emphasize my training and my experience because if I had to go to three different places before I got diagnosed, imagine what the average gay man has to do?”

By the end of September, more than three-quarters of people diagnosed with monkeypox in Georgia were Black, and Georgia had the second-highest rate of cases among all U.S. states, trailing New York. As the outbreak has spread, the federal government has been forced to reckon with the disease’s disproportionate burden on Black communities around the country. Black people make up more than half of monkeypox cases nationally, even as they represent less than 14% of the U.S. population. More than 26,000 people have been infected nationwide.

CDC Director Rochelle Walensky recently acknowledged that she and other top public health officials anticipated these inequities; decades of tracking HIV and other infectious diseases made them predictable. Public health officials, who lost the trust of many Americans in the first two years of the COVID-19 pandemic, had a chance to show that they had learned from their mistakes when monkeypox hit. Yet what happened to Jeffries and others in Georgia in the early months of the outbreak shows how federal officials, who suspected that communities of color would get monkeypox at higher rates, failed to intervene in ways that could have prevented — or at least lessened — that suffering.

“A lot of people got hurt,” said Dr. David Holland, the chief clinical officer for the Board of Health in Fulton County, which covers 90% of Atlanta. He too is angry about the first two months of the federal response. “You can debate what the right thing to do would have been, but doing nothing is not on that list. And that’s kind of what was done."

A dozen infectious disease experts told ProPublica that the likely trajectory of the virus in the U.S. was obvious once reports surfaced in May saying that monkeypox had found its way into communities of gay and bisexual men in Europe. They knew then that while it would most likely spread first among wealthier, whiter communities, Black and Latino men would soon bear the brunt of the disease. They knew this because it is the path that many infectious diseases have traveled before.

The reasons why are not a mystery either. Among other things, Black people are less likely than white people to have a regular doctor, less likely to have insurance coverage and more likely to have HIV, diabetes and other diseases that generally put people at greater risk for new infections. White people are more likely to have benefits that can lessen the effects of illness, such as jobs that allow them to take paid sick leave and wealth that can buy them better care.

Federal and state officials nevertheless failed to make testing readily available, slow-walked the rollout of vaccines and didn’t make it clear during the first two months of the outbreak that people of color, like Jeffries, were at elevated risk for harm. Those missteps amplified long-standing health inequities.

“Any time you fumble the response to an epidemic it will cut through the weakest seams in your society,” said Dr. Jay Varma, a professor at Weill Cornell Medical College and former CDC official.

Continued on the next page...
When Jeffries was 9 or 10 years old, his father shared with him a book from 1928 called “Leaders of the Colored Race in Alabama.” Inside was a photo of his great-grandfather and namesake, Dr. William L. Jeffries. Jeffries was blown away that in the early 20th century, a Black man could achieve the level of education — a doctorate in divinity — required to earn him the title of doctor. He said as much to his father, who responded that Jeffries could be a doctor, too. From that moment on, he knew he would follow in his great-grandfather’s footsteps. “I had to be Dr. Somebody,” Jeffries said. “That was just part of my destiny.”

He was interested in the health of communities, and so in 2004 he moved away from his home in Polk County, Florida, for the first time and entered a doctoral program in sociology at the University of Florida. In his first year, he remembers a professor explaining how the CDC responds to infectious disease outbreaks. The professor described disease investigators as the “cream of the crop.” For Jeffries, this was an epiphany: “Immediately, I just knew that was what I was supposed to be.”

Four years later, with a Ph.D. in hand and a Dr. in front of his name, Jeffries entered the CDC’s Epidemic Intelligence Service. There, he trained to be a disease investigator like the ones his professor had told him about. It was the only job he applied for. Jeffries has been with the CDC ever since.

Now 42, Jeffries is a senior health scientist in the Office of Health Equity in the Division of HIV Prevention. He investigates the factors that place vulnerable populations at risk for HIV and other diseases. On average, gay and bisexual Black men have fewer sexual partners than their white counterparts and are more likely to use condoms, and yet Black men have six times the rate of HIV. White people get earlier and better access to new treatments and prevention. Many Southern states have not expanded Medicaid to offer insurance coverage for all impoverished adults, leaving people there less likely to have a doctor and worse off when they do get sick.

“God has had me be here to fight for the oppressed and to be a voice for those who, in many instances in our society, do not have a voice that can be heard by people in positions of power,” Jeffries said. “And my voice is what I use to serve those who Jesus called the least of these among us.”

Jeffries understands that he is in important ways one and the same with the people he researches, and he knows what that means for his vulnerability to disease. So when reports of monkeypox began surfacing, he kept an eye on it. He understood himself to be at risk and wanted to get vaccinated because he knew that, unlike with HIV, condoms do not prevent transmission of monkeypox. He also knew the vaccine
wasn’t available in Atlanta yet. At the same time, the risk seemed distant. Government officials said there were only a couple dozen cases in metro Atlanta — a city of over 6 million people — and they made it sound like they had the situation under control.

Jeffries knows when he got monkeypox. It was during a sexual encounter in the early hours of Saturday, July 9. Later that same day, Fulton County Board of Health staff finally held its first monkeypox vaccine clinic.

By Sunday night, Jeffries felt some itching and irritation. A couple days after that, he had a fever, chills and sores around his anus. So on Friday, he went to an LGBTQ-friendly health clinic, told staff that he thought he might have monkeypox and asked for a test and vaccine. They had neither.

Instead, he said they tested him for a range of sexually transmitted diseases and treated him for a suspected case of chlamydia, though results later showed he didn’t have any of those diseases. Jeffries was surprised that in Atlanta, where there were already more than two dozen known monkeypox cases, the clinic couldn’t test him for it. More than eight weeks had passed since the first case was diagnosed in the U.S., and testing was supposed to be widely available.

Frustrated, he went home and isolated from other people. The pain kept growing worse, so late on a Saturday night he sought comfort in an epsom-salt bath and lingered in the warm water until just after midnight. As he was getting out, he noticed a lesion on his chest, close to his left shoulder. Confused, he reached for an itch on his back and felt another bump. He looked down and there was another lower on his torso. They were spreading so fast.

The next morning, Jeffries lay in his bed, uncomfortable and exhausted, and prayed. He knew it was time to go to the emergency room.

He thought his best bet would be a hospital attached to a university, as they tend to have more up-to-date knowledge and connections to public health departments. And he knew just the place: Emory University’s renowned teaching hospital on Clifton Road, a stone’s throw from CDC headquarters. “Atlanta is this hub for Black, gay and bisexual men, and the CDC is right here. Surely, these factors would converge to lead you to have vaccine and treatment available,” Jeffries recalled thinking.

But at Emory it was more of the same. The ER doctor, Jeffries said, knew nothing about monkeypox. Jeffries said he brought a list of the two vaccines and four possible treatments, pulled from the CDC website, but the doctor didn’t know about any of them and, regardless, said they were not available at Emory.

And so, the following morning, in severe pain, he called a trusted CDC colleague, Dr. John Brooks. Brooks usually serves as the chief medical officer for HIV prevention but is currently helping to lead the nation’s monkeypox response. Jeffries was desperate to find treatment and thought Brooks could help. He also wanted Brooks to know just how bad the situation was. “I knew that gay and bisexual men in Fulton County, irrespective of their race, were going to be placed at harm because of the overall ignorance, the blundering and the lack of resources,” Jeffries said.

When Jeffries made that call, the U.S. was nearly nine weeks into the monkeypox outbreak. Officials from the White House and the Department of Health and Human Services assured the public that they were responding in full force and had all the necessary tools — a test, a treatment and a vaccine. But they showed little urgency to use them.

Take the vaccine. Concerned that terrorists may use smallpox as a weapon to attack the U.S., federal officials invested nearly $2 billion in the development and manufacturing of the Jynneos vaccine to safeguard against that threat. In 2019, the Food and Drug Administration approved that vaccine for use against both smallpox and monkeypox, which are in the same family of viruses, and health officials keep doses in the Strategic National Stockpile.

But they had a very limited supply when cases first appeared in the U.S. in mid-May. In the preceding years, as hundreds of thousands of doses expired, they waited to order more, holding out for a different preparation of the vaccine with a longer shelf life, specialist. The hospital, he said, sent him home with prescriptions for ibuprofen and a steroid foam.

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The CDC Scientist Who Couldn’t Get Monkeypox Treatment

as The New York Times previously reported. The 372,000 doses that were ready in vials were mostly in Denmark.

In late May, officials at the Biomedical Advanced Research and Development Authority, the arm of the federal government that develops and procures drugs and vaccines to safeguard against pandemics and other hazards, placed orders for 72,000 doses. “We are prepared with both the vaccines and antivirals needed to protect the American people,” Dawn O’Connell, the HHS assistant secretary for preparedness and response, wrote in a blog post on May 24.

Three weeks later, O’Connell wrote that those 72,000 vaccine doses were in the federal government’s “immediate inventory.” Two more weeks passed, and HHS announced it would make 56,000 doses “available immediately.”

By then, it was the end of June, and Atlanta hadn’t held a single vaccine drive.

That wasn’t for lack of trying. With cases climbing in June and Georgians waiting for their first allotment of vaccines, Holland, the chief clinical officer for Fulton County’s Board of Health, made an official request for ACAM2000, an older vaccine made to ward off smallpox. It’s been available by the millions since 2008, when it was added to the Strategic National Stockpile, before the newer Jynneos vaccine existed. But the older vaccine can cause side effects, making it unsafe to use for many people, including those who are pregnant, have HIV, have weakened immune systems or have various skin conditions.

Federal officials said states could order ACAM2000, but they didn’t exactly endorse it. Holland said Georgia officials turned down his request. He understands the concerns and respects the decision not to use ACAM2000. But he’s frustrated that in the first months, it felt like the answer to every effort at prevention was just “no.”

In a written statement, Nancy Nydam, a spokesperson for the Georgia Department of Public Health, referenced the many potential side effects of ACAM2000 and noted that no other jurisdiction has used that vaccine during the monkeypox outbreak.

When Fulton County finally received its long-awaited shipment of vaccines in July, it included enough for just 200 people. More dribbled in over the weeks that followed.

By comparison, Canadian officials began vaccinating at-risk people in early June. In Montreal alone, officials vaccinated more than 15,300 people through the end of July, according to data provided to ProPublica by the city’s health department. A friend of Jeffries’ was able to get vaccinated at an outdoor walk-up clinic in Montreal’s Gay Village neighborhood.
on Aug. 1 while he was in the city for the International AIDS Conference. The health workers didn’t care that he wasn’t Canadian.

“We know we live in a global village. We thought making no barriers was the most effective strategy,” said Dr. Genevieve Bergeron of the Montreal public health department.

Georgia currently has more than two and a half times the number of monkeypox cases per capita as Quebec, the province where Montreal is located.

“The thing that is most galling to me is that this was predictable,” said Greg Millett, a former CDC researcher and current vice president and director of public policy at amfAR, a nonprofit dedicated to AIDS research and advocacy. Around the time Jeffries was infected and Atlanta held its first vaccine clinic, there were about 700 known cases in the U.S., nearly all among gay and bisexual men, and the cases were growing exponentially. And yet, Millett said, the U.S. was dragging its feet. To Millett, it’s hard not to see homophobia and racism as an underlying reason. “If this was another population, would they have moved this slowly?”

Within an hour of calling his colleague on July 18, Jeffries got a same-day appointment with Dr. Kimberly Workowski, an infectious diseases specialist at Emory University. She also helps write the treatment guidelines for sexually transmitted diseases at the CDC. In an Emory exam room, Workowski donned protective equipment — goggles, gloves, masks and gowns — to examine Jeffries.

The lesions definitely looked like monkeypox, Workowski told him. She gave him an hourlong work-up, checking his body and talking through his symptoms. He’d had bad experiences with the medical system before, like the time he went in for routine testing and a doctor told him he shouldn’t have sex with other men because that’s how you get sexually transmitted diseases. So he didn’t take it for granted that she was treating him with dignity.

Jeffries said she told him that in the ER, they only swabbed one lesion when they were supposed to swab two or three and that regardless, the sample could not be located. Jeffries was aghast. Workowski counted his lesions and swabbed several of them for a new test, which would ultimately come back as positive.

A spokesperson for Emory Healthcare did not answer questions about Jeffries’ care. (Jeffries signed a privacy waiver to allow Emory to discuss the care he received in the emergency room on July 17.) In a written statement, the spokesperson said Emory Healthcare remains “steadfast in providing excellent and equitable health care to all of our patients.” Emory’s emergency departments follow a standard protocol for suspected monkeypox infections that “includes triage, testing and if necessary, referral to a specialist,” she wrote. “If needed, patients will be admitted to the hospital.”

The day after Jeffries saw Workowski, her office called to tell him that an experimental antiviral drug known as TPOXX was ready for him to pick up. Once he started on the medicine, the lesions quickly stopped growing and spreading. But the sores and inflammation in the lining of his rectum were causing the worst pain he’s ever experienced, so bad that he couldn’t sleep. Five days after his first trip to the emergency room, he drove himself to a different Emory ER, this one in Midtown, which quickly admitted him. He spent the next four days in the hospital on a cocktail of medications that finally dulled his pain.

He was in isolation but felt less alone than he had in days. The doctor leading his care put her hand on him while they talked and asked how he was doing. Staff chatted with him about his life outside of monkeypox. He knew the hospital was busy, but no one ever seemed rushed. “They took the time to talk to me and make me feel OK,” he said.

At that point, physicians wishing to give TPOXX to patients had to fill out over 100 pages of paperwork. The medication was initially developed by the federal government, and the U.S. holds more than 1.7 million doses in its stockpile. The treatment has been approved for monkeypox in Europe, but it is available only as an experimental drug in the U.S. In August, the CDC slimmed down its paperwork, but even today, it can take more than an hour to fill it out and TPOXX has been hard to get.

Through the end of June, HHS officials had sent out enough medicine to treat 300 people nationally. From around the time of Jeffries’ hospitalization in late July
The CDC Scientist Who Couldn’t Get Monkeypox Treatment

through the end of August, physicians in Georgia handed out just over 600 courses of the treatment, according to data provided to ProPublica by the Georgia Department of Public Health. That would have been enough to cover just half of the people diagnosed during that time.

The Georgia Department of Public Health did not provide data on the race and ethnicity of TPOXX recipients. But nationally, as of Sept. 28, white people make up 28% of cases and have received 34% of the courses of treatment, according to preliminary data released by the CDC. The share that went to white people during the early months of the outbreak was even higher, according to CDC research.

Jeffries feels certain he could have avoided the worst of his pain and his time in the hospital if he had received treatment sooner.

When Jeffries got out of the hospital, he called friends and colleagues. Georgia — especially its Black and queer communities — needed more resources. He wanted people to know how bad it was and that things shouldn’t be this way.

He phoned Justin Smith, his friend who was able to get vaccinated at the AIDS conference in Montreal. The director of the Campaign to End AIDS at a group of HIV clinics in the Atlanta area, Smith had helped organize a virtual town hall with other activists.

There, Joshua O’Neal, the sexual health program director for the Fulton County Board of Health, told attendees that it was OK to be angry about the government’s response so far, that he sure was. O’Neal shared alarming statistics: Cases of monkeypox in Fulton County had nearly doubled in the three days before the event, and more than half of the people there with monkeypox also had HIV. Of the people with both viruses, 80% were Black. “It is our responsibility to ensure that those folks are the ones we’re reaching out to,” he told the group.

O’Neal acknowledged that the scant appointments for the first two vaccine clinics were gone within minutes and that most who got them were white. Going forward, he vowed to partner with community organizations to get them out more equitably.

On Aug. 4, 10 days after Jeffries got out of the hospital, the Biden administration declared a public health emergency. When that happened, as Margo Snipe reported for Capital B, a nonprofit news site for Black communities, officials made no mention of the growing racial and ethnic disparities.

Jeffries was encouraged, though, that the White House appointed Dr. Demetre Daskalakis, the head of the CDC HIV division where Jeffries works, to a top position on its monkeypox response team. Jeffries knows him and says he strongly believes that Daskalakis is committed...
made more than 1.1 million vials of Jynneos vaccine available to health departments.

The Fulton County Board of Health made good on its promise and partnered with various community organizations to get the word out to the Black community. As of Sept. 15, more than half of the first doses of the vaccine have gone to Black people, according to a county report. Nydam, the Georgia Department of Public Health spokesperson, wrote that the state worked with federal officials to give out more than 4,000 doses at Atlanta’s Black Pride festival on Labor Day weekend.

“High demand and limited vaccine supply created access challenges for vaccines in general during the early weeks of the response, but the partnerships with community-based organizations greatly helped us with addressing health disparities in our vaccine roll out,” Nydam wrote.

Still, Congress has not designated any money for the monkeypox response. The vaccine and TPOXX are provided for free, but Fulton County has had to use its STD budget to run its vaccine clinics. “We’re spending our entire STD budget for the year and hoping that at some point the federal government will reimburse us,” Holland said. That’s money that also needs to be used for the simultaneous epidemics of HIV and syphilis, both of which disproportionately harm Black men and women.

While the spread of monkeypox is slowing, Black Americans represent a growing share of the overall cases — from 37% on Aug. 28 to 51% of all cases just three weeks later, according to the most recent data available.

Jeffries is still dealing with complications from monkeypox. But his bigger concern, one he shares with many in the HIV prevention community, is that Black LGBTQ people will be left dealing with monkeypox infections even if it largely disappears from the rest of the population. That’s another pattern they have seen many times before.

Thinking about what should have been done differently in those early months, it’s clear to Jeffries that everything the federal government has done since August should have happened much sooner. That could have prevented a lot of harm.

But his work also tells him that stopping these predictable patterns altogether will require dealing with the racism, homophobia and economic inequality at the root of so many health disparities. Lately he’s been thinking about a lesson his grandfather taught him when he was young.

Jeffries’ grandfather worked 12 hours a day, six days a week in Florida’s citrus groves, and he was still poor. He kept a garden to feed the family, and he sometimes took Jeffries with him to teach him how to farm. One day Jeffries was pulling at the weeds, snapping them off at the top. His grandfather stopped him.

“That ain’t how you do it, baby,” his grandfather told him. “You’ve got to get it by the root. Because if you don’t get it by the root, it’ll grow back.”
Valéria Barbosa Soares
CAB Member
Instituto de Pesquisa Clínicas Carlos Borborema (IPCCB), Manaus, Brazil

What is your favorite food to eat? As an Amazonian I love fish, uarini flour and a caldinho de piranha (typical fish broth of the region) to make that pirão (fish sauce). Since my childhood in the interior of the Amazon, fish was a holy meal shared by everyone in the family.

What motivated you to get involved in HIV prevention? Losing friends to this virus, and taking care of family members who are living with HIV, were my main motivation, and the possibility to work on this health issue in my community that is so deprived of resources and access to information.

What would ending the HIV epidemic mean for you and your community? The possibility of living, of healthy aging, fighting the stigma and prejudice that HIV has brought to the LGBTQIA+ population.

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Zulín Becerra Bartolo
Recruiter, Mosaico Study
Guadalajara, México

What is your favorite food to eat? Ramen, hamburgers, lasagna, pasta and desserts.

What motivated you to get involved in HIV prevention? The death of my mother because of not having timely detection of her diagnosis, and the ignorance in which I lived at that time and for years later which put my health at risk on several occasions. Seeing loved ones get sick and seeing others die was enough to get out of the misinformation and take action.

What would ending the HIV epidemic mean for you and your community? It would be a light in a long journey of struggle, pain, loss and at the same time of courage, effort, love and empathy. It would be a hug from a distance for those who are no longer here and a loving smile for those of us who are present and for those who are to come.

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Valéria Barbosa Soares

Why is it important to have a safe and effective vaccine to prevent HIV? Because it is the possibility for the whole next generation to live without the risk of being exposed to the virus as a result of a lack of information, or their own attitudes about their sexual health.

What would you say is the most challenging aspect of working in HIV vaccine research? The biggest challenge is working on retention, because participating in the study is a time-consuming process.

If a safe and effective HIV vaccine were available right now, would you take it? (optional) I certainly would, in fact as a straight cis person I regret not having access to PREP in Brazil, or even to the Mosaico research study. Although exposure to HIV is independent of sexual orientation, there are more vulnerable groups such as the LGBTQIA+ population. However, the reproductive health policy in Brazil is extremely weak, and we women don’t really get follow-up with a gynecologist when necessary.
Why is it important to have a safe and effective vaccine to prevent HIV? Because even today with safe prevention methods for HIV, it is difficult to achieve adherence to them because they are medications that are taken every day, and are not very well received by many. A preventive vaccine would give us an opportunity to be more responsible with our health.

What motivated you to get involved in HIV prevention? At the moment I came out as a cis gay man, HIV was brought up as a reality in my life. As I got closer to the LGBTQ+ community and started my activism, I experienced around me the stories of people living with HIV and their struggles against stigma and their difficulty to access health services. I understood that this was a fight for all of us, and that regardless of my HIV status, as an activist and health professional, I should be part of this fight.

If a safe and effective HIV vaccine were available right now, would you take it? (optional) Yes, I would have no hesitation. And I would encourage everyone to take it.

Continued on the next page...
What motivated me to get involved in HIV prevention was to destigmatize the condition of people living with the virus as unhealthy and sick, and also to disassociate HIV from trans people.

What would ending the HIV epidemic mean for you and your community? The end of the HIV epidemic would be a dream for our community because of the stigmatization that LGBTQIA+ people suffer regarding HIV. Even after 40 years of the epidemic, steps have been taken very slowly, both in prevention and in understanding of the virus. The end of the epidemic would mean advancement, as well as embracing the different conditions of the body and developing new possibilities of controlling the virus. Ending the epidemic requires laboratory and pharmaceutical attention to all of these bodies. The end of the epidemic is still further away, but it would be extraordinary to understand HIV, and also for sex to be stigma-free. Prevention must continue even when the epidemic ends.

Why is it important to have a safe and effective vaccine to prevent HIV? More possibilities and choices for prevention will be better. The vaccine has a very great importance in the fight against HIV/AIDS because it is a breakthrough in combating the virus, and also a possibility of prevention with a high level of effectiveness. There may only be a few doses and it may not be necessary to use other prevention efforts daily or monthly.

Why would you say is the most challenging aspect of working in HIV vaccine research? Challenges are important and essential in our lives. It is not easy to recruit and keep a volunteer in the study for so long, but it is possible when you have a committed team willing to develop the work with excellence for the common purpose. Science and the community need to work together.

If a safe and effective HIV vaccine were available right now, would you take it? (optional) I would take it and encourage everyone to do the same!
Mary Hawkins  
CAB Member/Associate Director, Training, Evaluation & Research  
Vanderbilt CRS, Nashville, TN, USA/ Nashville CARES

What is your favorite food to eat?  
My favorite food is a tradition in Louisiana and that would be Gumbo. For me it has to be spicy as well.

What motivated you to get involved in HIV prevention?  
What motivates me in the field of HIV prevention are the people I meet along the way. I have met some of the nicest and most sincere individuals in my life working in this field.

What would ending the HIV epidemic mean for you and your community?  
Ending The Epidemic in my community could be summed up in one word and that is EQUITY!!!!

Why is it important to have a safe and effective vaccine to prevent HIV?  
It is important to have a safe and effective vaccine to prevent HIV as another prevention tool. We know that the use of condoms as the main prevention tool has failed in some respects, and there are still no public policies that allow access to PrEP drugs to all those who request it. Having a safe and effective vaccine to prevent HIV that is applicable to the entire population would be very important.

Gustavo Osimani  
Community Educator  
Caici, Rosario, Argentina

What is your favorite food to eat?  
My favorite food has been changing over time. At the moment my favorite food is pasta in its different styles. For example: spaghetti and gnocchi. The sauce is important. I prefer red sauce or mixed sauce.

What motivated you to get involved in HIV prevention?  
I am a person living with HIV for 15 years. I had to face the diagnosis in very difficult times and start treatment when ART was not as effective as it is now. The years have gone by and we continuously see new cases and diagnoses showing up. Being a health professional, I have always been close to the people who received their diagnosis, advising and supporting them in this difficult process. I would like to not see more people, especially very young people, go through the same situation of distress and helplessness that I went through. This is the main reason that I am involved in HIV prevention. Moreover, seeing and observing the prevalence and incidence of HIV in our society, the lack of public policies on prevention issues, and the risky unprotected sexual behaviors that many young people engage in are very important reasons for me to get involved in HIV prevention activities.

What would ending the HIV epidemic mean for you and your community?  
For me it would mean an immense scientific and community achievement, and peace of mind to know that there would be no new infections, no new diagnoses. There would be no more vulnerable people living with HIV suffering from stigma and discrimination, and low-income populations would no longer suffer from not being able to access treatment. For my community, it would mean something similar. In my community there are important social, cultural and economic differences, and ending the HIV epidemic would mean achieving a more equitable community in terms of disease prevention and access to health.

What would you say is the most challenging aspect of working in HIV vaccine research?  
The most challenging aspect of working in the HIV vaccine research for me is the process and time it takes to develop a vaccine. Another challenge would be recruiting individuals disproportionately affected to participate in this research.

If a safe and effective HIV vaccine were available right now, would you take it? (optional)  
Personally, I would evaluate my risk to determine if taking an HIV vaccine would be a recommendation for me.
to address in HIV vaccine research would be its efficacy. For the scientific community, this would be one of the most challenging aspects to achieve; a highly effective vaccine that neutralizes the infection. In community, the difficult aspects to work on would be breaking down prejudices and fake news about preventive clinical trials, prejudices about vaccines in general, strategies for good recruitment, strategies to achieve excellent retention, and communicating with the general community in the most effective way.

**If a safe and effective HIV vaccine were available right now, would you take it? (optional)** If there was a safe and effective HIV vaccine right now, I would not hesitate to take it (assuming I would be eligible as a person living with HIV). I would also work to spread the word and educate the community to do so as well.

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 Ernesto Lavenia  
President of Community Advisory Board  
Rosario, Argentina

**What is your favorite food to eat?**  
Peruvian and Mediterranean

**What motivated you to get involved in HIV prevention?** I became staff of the NGO Volunteers Against AIDS as soon as I got my Bachelor's degree in 2002. As a pharmacist, HIV immediately got my attention due to the complexity of the pharmacology, and therapeutic aspects in HIV treatment before the HAART breakthrough. Later, with the experience I gained in directing my Pharmacy Store, I developed skills in organization and management of work teams. Since then I have worked in the planning and management of HIV and STD prevention and information activities.

**What would ending the HIV epidemic mean for you and your community?** It would mean facilitating access to job opportunities and health systems for a portion of the community that is still marginalized today by the stigmatization of their condition because of living with HIV.

**Why is it important to have a safe and effective vaccine to prevent HIV?** In general, the pharmacological treatment of viral infections presents difficulties in terms of efficacy and toxicity. The use of preventive vaccines for viral infections is often more effective than antiviral treatments when both options are available. I believe we are closer to achieving the objectives set for the control of the HIV epidemic with a preventive vaccine than with the development of a treatment for the definitive cure.

**What would you say is the most challenging aspect of working in HIV vaccine research?** I think the challenge is to access and engage people who are not living with HIV, but who live at risk of acquiring it. This population is difficult to access, and it is not certain that the person perceives themself as at risk, or as a candidate for the clinical trial. People cannot be given any certainty about the benefits of participating in the research.

**If a safe and effective HIV vaccine were available right now, would you take it? (optional)** Definitely.

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 Scott J. Pearson  
CAB Member  
Vanderbilt CRS, Nashville, TN, USA

**What is your favorite food to eat?** A hamburger. My diet is mostly vegetarian besides hamburgers – that’s how much I love them. Best time to eat them? Saturday lunch with my family in the autumn while watching a Clemson football game.

**What motivated you to get involved in HIV prevention?** Three things: the biology, the data, and (most importantly) the humanity. I studied the immunology in grad school and love keeping up with the field. I work in research data collection, so seeing how data are managed in other contexts helps, too. Finally, I long for this decades-long global pandemic to finally end. Too many lives have been cut too short. I’m a progressive Christian, and I daresay I feel God at work in places like this.

**What would ending the HIV epidemic mean for you and your community?** It would mean the biggest biological advance for humanity since the eradication of smallpox. Huge, a gamechanger, no doubt. Recent pandemics have brought out the ugliest in human nature; a victory here would highlight the best parts.
Why is it important to have a safe and effective vaccine to prevent HIV? Because human lives matter. HIV preys on the most vulnerable and marginalized of us, and we need to protect the human good and potentialities in all of us. In the process, this unearths uncomfortable inequities that we should deal with. Those human benefits push us all on.

What would you say is the most challenging aspect of working in HIV vaccine research? I don’t exactly work in the field, but this effort has experienced success after success only to be followed by setback after setback. The resiliency among researchers is incredible. We’re going to get there.

If a safe and effective HIV vaccine were available right now, would you take it? (optional) Without a doubt, yes. I’m not in a high-risk group, but yes.

Charlie Peterson (he/him)
Manager, Community Engagement & Clinical Research Education
University of Illinois at Chicago (UIC)
Project WISH, Chicago, IL, USA

What is your favorite food to eat? I don’t exactly have a favorite food. What I can say is that I have a favorite type of food. I like Asian cuisines (South, South East, East) the best because they have less meat, more vegetables, and also more vegetarian/vegan options.

What would ending the HIV epidemic mean for you and your community? Ending the HIV epidemic would mean an end to an intergenerational trauma in the 2SLGBTQIA+ (Two Spirit, Lesbian, Gay, Bisexual, Trans*, Queer, Intersex, and Asexual) community, which is my community. I initially wrote a wordy response discussing stigma, financial burdens, medication adherence, etc., and I erased it. Assuming that this means “functional zero” (no new cases of HIV occurring), the most important thing for us would be the ability to focus on other issues, like finding a cure and improving services for our positive sisters and brothers until a cure is found.

Karen Arruda
CAB President
Instituto de Pesquisa Clínicas Carlos Borborema, Manaus, Brazil

What is your favorite food to eat? Rice, Beans and Beef Steak

What motivated you to get involved in HIV prevention? The importance of eradicating the virus after so many years and how it has impacted my community from the beginning until today.

If a safe and effective HIV vaccine were available right now, would you take it? (optional) Absolutely!
**Natanael Silva**  
CAB Coordinator  
Nova Iguaçu, Brazil

**What is your favorite food to eat?**  
Noodles

**What motivated you to get involved in HIV prevention?**  
As a teacher, social educator, and human rights activist, I got involved in this agenda because I see in my daily life how social stigma and the lack of access to information make it difficult for people to deal with a topic that is intersects across society. I believe that conversation, and a less technical and more humanistic approach, can be the way to raise awareness and show that this is a topic that needs to be dealt with, without taboos and with transparency and objectivity.

**What would ending the HIV epidemic mean for you and your community?**  
I believe that finding a cure for HIV and preventing new diagnoses are the main desire of all people who work in community education and in prevention efforts, primarily those aimed to the LGBTQ+ population. As a teacher and social educator, I have seen how the lack of access to information and methods of combination prevention (beyond condoms), especially among a young population, have a high cost for individual and collective health. In this case, the end of the HIV epidemic would represent the end of social stigma that in this day remains for the LGBTQ+ population.

**Why is it important to have a safe and effective vaccine to prevent HIV?**  
Besides ensuring a higher quality of sexual life, decreasing the risk of HIV exposure and infection, certainly a safe HIV vaccine could decrease and even end the social stigma surrounding the LGBTQ+ population, such as the accusations of promiscuity and “abnormality” among many others.

**Why is it important to have a safe and effective vaccine to prevent HIV?**  
Besides convincing people about the importance of this research and explaining how it works to the participants and the stakeholders, I believe that the biggest challenge is to manage expectations and possible frustration when presenting the results of a vaccine study. We know that several vaccine trials are being conducted around the world and that the desired results have not yet been achieved.

**What would you say is the most challenging aspect of working in HIV vaccine research?**  
Finding openings to talk about it in places outside the LGBTQ+ community.

**If a safe and effective HIV vaccine were available right now, would you take it? (optional)**  
Yes, absolutely.

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**Vic Sorrell**  
Community Educator/Recruiter  
Vanderbilt/Nashville, TN, USA

**What is your favorite food to eat?**  
Pizza

**What motivated you to get involved in HIV prevention?**  
In 2008, my job in the music industry was eliminated due to the economic recession. I needed a job and a local AIDS Service Organization was hiring. It was after I accepted the role of HIV Prevention Coordinator that I realized how personally aligned I am with this work. It felt as if my life was pursuing me.

**What would ending the HIV epidemic mean for you and your community?**  

**Why is it important to have a safe and effective vaccine to prevent HIV?**  
Besides ensuring a higher quality of sexual life, decreasing the risk of HIV exposure and infection, certainly a safe HIV vaccine could decrease and even end the social stigma surrounding the LGBTQ+ population, such as the accusations of promiscuity and “abnormality” among many others.

**What would you say is the most challenging aspect of working in HIV vaccine research?**  
Finding openings to talk about it in places outside the LGBTQ+ community.

**If a safe and effective HIV vaccine were available right now, would you take it? (optional)**  
Certainly.

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If a safe and effective HIV vaccine were available right now, would you take it? (optional) Certainly.
communities. Due to the ever-changing nature of HIV, it is my understanding a vaccine is more scientifically feasible than, for example, a cure.

**What would you say is the most challenging aspect of working in HIV vaccine research?** Societal misunderstanding about the nature of science. When we learn and therefore amend, it doesn’t mean science failed us. It means science served us.

**If a safe and effective HIV vaccine were available right now, would you take it?** (optional) Absolutely.

Luciana Gravito de Azevedo Branco
CAB President
Faculdade de Medicina da UFMG, Belo Horizonte, Brazil

**What is your favorite food to eat?**
I am Brazilian, and I’m from Minas Gerais, and as such I grew up enjoying the local foods. Our wonderful specialties include snacks such as cheese bread, sweet milk, goiabada cascão (traditional sweet guava candy), natural fruit juices, as well as dishes like tropeiro beans and barbecue. In addition, I really enjoy Japanese food.

**What motivated you to get involved in HIV prevention?**
I am a dentist. I earned my master’s degree in stomatology, and I am a specialist in Health Educator Training. I work as a volunteer with social organizations that support vulnerable populations, specifically transgender people. I conceived a university extramural project based at the UFMG School of Dentistry that welcomes trans people. In this way, the HIV/AIDS epidemic is always present in all my professional activities. As a health professional, I consider it a priority to prevent any kind of infection that may possibly affect the patient or the professional team involved.

**What would ending the HIV epidemic mean for you and your community?**
My professional practice is directed to the underserved community. I say that because I am a member of the PSF (Family Health Program) of a municipality in the metropolitan region of Belo Horizonte - MG. I attend people who are financially and socially vulnerable with multiple needs. Moreover, in the university extramural project “TRANSODONTO: to access oral health is also a right,” clinical care is directed to the transgender people of Belo Horizonte. Therefore, it is easy to see that the universe of patients I work with presents an unlimited range of emotional, affective, social and economic problems. This makes me reflect that the end of the HIV epidemic would mean an outcome that would contribute considerably, increasing the quality of life of a community that is quite compromised.

**Why is it important to have a safe and effective vaccine to prevent HIV?**
As president of the CAB that supports the MOSAICO study, based at Faculdade de Medicina da UFMG, I prioritize actions that guarantee the research progress in an ethical, efficient and safe way for all the volunteers, besides the researchers and educators involved. Thus, it is essential that in addition to the possibility of obtaining an efficient and safe vaccine, capable of fighting the HIV virus and its prevention, we can establish excellence in the whole research process and also ensure the follow-up of those who are involved and their future outcomes. It is not enough to obtain the vaccine; it is important to ensure its efficacy and safety so we can have positive epidemiological indicators.

**What would you say is the most challenging aspect of working in HIV vaccine research?**
Currently, the greatest challenge to work in research in Brazil refers to the absolute and continuous lack of support from the authorities that manage the country’s health policies. We live in a nation whose president ignores, disqualifies, scorns and humiliates the local scientific production. There is a constant campaign that aims to compromise scientific knowledge and manipulate public opinion. As if this challenging scenario were not enough, it is important to highlight that even today we live with the stigma directed to people who may be living with HIV.

**If a safe and effective HIV vaccine were available right now, would you take it?** (optional) We have just experienced conflicting issues related to the vaccines that were used during the COVID-19 pandemic. At that time, the possibility of using vaccines for a disease whose etiologic agent was barely known was questioned, debated and even repudiated. I have always kept my vaccination calendar up to date as a safety measure, because at work I am placed in risky situations in my work environment every day. Therefore, the possibility of an effective and safe vaccine against HIV would certainly be one more that I would use.
The SBS-CEU is mourning the loss of our friend and teammate Giulio Maria Corbelli, Community Engagement Project Manager for the European sites in the Mosaico study (HVTN 706), who passed away on Sunday, November 6, 2022, at the age of 56. We are remembering his gentle nature, his warmth that was felt in every conversation and written communication, and his fierce advocacy for the LGBTQ+ community and those living with HIV. Giulio was instrumental in helping the European clinical trial sites implement the Good Participatory Practice-based Community Engagement model that has been the HVTN standard since the network was formed, representing a substantial shift for the sites and a significant effort for everyone involved. In addition to his leadership on Mosaico, he was deeply involved in advocacy work in his native Italy as well as in the European Union, and he sought to inspire other advocates around the world. He touched the lives of many, as noted in these excerpts:

Giulio was also the first president of L’Altro Volto Lucca, the first LGBT association in Lucca. Moving to Rome, he then became an activist in associations in support of HIV-positive people and in the fight against AIDS. Until the last he held the position of president of Plus Roma. In 2003, he was the organizer of a protest demonstration, after a homophobic assault on the Baroni bookstore, which had seen the participation of over 2000 people in the historic center of Lucca. “If the young LGBT citizens of Lucca live in a less homo-transphobic city - said the LGBT activist Massimiliano Piagentini - they owe it to the tireless work of Giulio, who left us too soon. We will always remember him with immense affection and gratitude.” [translated from Italian, excerpted from Il Corriere della Città, 7 November 2022, https://bit.ly/3UKFW4i]

This is a very sad day for the EATG family and Giulio’s loved ones. We are mourning the passing of a great friend and colleague, a tireless and dedicated HIV and LGBTI activist. His contribution in EATG’s work has been pivotal. His passion, knowledge, strength and optimism will remain inspirational to all of us. We will always remember Giulio for his generous smile, his persistence, and his involvement both nationally and internationally. [excerpted from European AIDS Treatment Group, 7 November 2022, https://bit.ly/3WNaLaA]

Our thoughts go out to his mother and sister, and his many friends and colleagues around the world. The world has lost a true champion in the fight for LGBTQ+ equality, the fair and equitable treatment of people living with HIV, access to PrEP, and the search for an HIV vaccine. We feel blessed to have had the opportunity to get to know Giulio and work with him. He was an incredible colleague and a good friend. We already miss him.
Dr. Larry Corey Receives Alexander Fleming Award

Virologist honored by peers for his lifetime achievements against infectious diseases

By: Sabin Russell / Fred Hutch News Service

At a Washington, D.C. conference on infectious disease science, Dr. Anthony Fauci today presented a lifetime achievement award to his friend and longtime collaborator Dr. Larry Corey, an internationally renowned virologist and former president and director of Fred Hutchinson Cancer Center.

The prestigious award, given by the Infectious Diseases Society of America, or IDSA, was created in 1964 in honor of the late Dr. Alexander Fleming, the Scottish doctor and microbiologist who received the Nobel Prize in 1945 for his discovery of penicillin.

“I am so pleased that Larry will receive this award, and I am doubly pleased that I will have the opportunity to present this award to my dear friend and colleague with whom I have collaborated and shared close friendship over the past 40 years,” said Fauci, prior to the ceremony.

“I can think of no one more deserving. His impact on the field of infectious diseases, from herpes viruses to HIV to COVID-19, has been most extraordinary. He is truly a giant in the field, deserving of all the recognition that he has received, and will receive.”

Fauci plans to step down at year-end as director of the National Institute for Allergy and Infectious Diseases and chief medical adviser to President Joe Biden. In 1999, Fauci himself was recipient of the Fleming award.

The conference, called IDWeek, is a joint conference of IDSA and four other infectious disease research organizations that brings together thousands of doctors and scientists who work on ways to prevent and treat diseases caused by microorganisms including bacteria and viruses.
“When you’ve spent your life in infectious diseases, and to be recognized like this, by the society that represents your field of expertise is a real honor. It’s probably my life’s biggest professional honor,” said Corey, in an interview prior to the conference.

Corey has attended IDSA meetings for decades. “The cadence of academic life was built around those meetings in October,” he said.

“You prepared the abstracts, you went to the meetings to present your work and debate your findings, you built relationships, you created the next set of collaborations. You developed camaraderie.”

Corey said it was particularly meaningful to receive an award that has been given in the past to colleagues at the University of Washington, where he launched his academic career under the tutelage of experts who built Seattle’s reputation as a premier center of infectious disease research. Several of those mentors and colleagues have won the Fleming award in prior years. They include Drs. Paul Beeson, who received it in 1972; William Kirby, 1977; Seymour Klebanoff, 1993; Merle Sande, 2006; and King Holmes, 2013.

“It has a lot of meaning to be able to say that you’ve met the standards of the mentors who taught you, and that you were able to carry on that kind of quality,” Corey said.

He also stressed that the award is a tribute to the teams of colleagues he has worked with throughout his career.

“No one gets these kinds of awards by themselves,” he said. “I owe gratitude to the medical fellows, research scientists and collaborators who were involved in our work.”

Coordinating Massive COVID-19 Vaccine Trials

Corey is being recognized this year as the world prepares to complete its third year since the emergence of SARS-CoV-2, the virus that causes COVID-19. Early in 2020, Fauci, Corey and other leading infectious disease experts developed a model for rapid development and clinical testing of vaccines. Corey was tapped to lead operations of the COVID-19 Prevention Network, or CoVPN, established to coordinate massive trials of several vaccine candidates.

The effort was modeled after the HIV Vaccine Trials Network, or HVTN, which is the world’s largest publicly funded international collaboration testing and evaluating potential vaccines against HIV/AIDS. At Fauci’s request, Corey founded the NIAID-funded organization in 1999 and has been its co-principal investigator ever since.

Corey began his virology career in the late 1970s as a young researcher studying genital herpes at the University of Washington. He began working on a project developed in collaboration with Burroughs Wellcome biochemist Gertrude Elion on a then-radical idea to develop an antiviral drug to treat herpes. The drug she pioneered, acyclovir, remains the primary treatment for herpes, and it paved the way for development of antiviral drugs that would become life-saving therapies to control HIV/AIDS.

“The very first, really effective antiviral, acyclovir, was dropped in my lap when I was 28 years old,” Corey said. “Gertrude Elion won the Nobel Prize for that drug and I was lucky enough to be able to be a part of its development. That set off a revolution in the development of antiviral medications.”

Until the development of acyclovir, conventional wisdom was that a molecule that interfered with viral replication so intimately associated with a cell’s inner workings would also kill the cell — the drug would be too toxic.
Controlling HIV With Antiviral Drugs

When the HIV/AIDS pandemic burst on the scene, Corey began organizing clinical trials of antiviral drugs and drug combinations directed at stopping the growth of HIV, the virus that causes AIDS. He headed the AIDS Clinical Trials Group, a network of testing sites that first established that the antiviral drug AZT could prevent mother-to-child transmission of HIV; and designed and oversaw the trials of antiviral drug combinations that were eventually found to control, but not eliminate the virus. It meant HIV infection, treated continuously, was no longer a death sentence and people taking antiviral drug combinations could now live with the virus for decades.

“When you go from having nothing to something, there is nothing more impactful than that,” Corey said. “I have been lucky, incredibly lucky, to be able to have been a factor in three things that really influenced people in the world, in a major way.”

Corey noted that the work he has been involved with is still not done. Genital herpes became treatable in the 1980s, but the disease is not cured and there is no vaccine for it. Interest and money for research in that field has been limited. HIV is controllable with antivirals, but a vaccine remains elusive. And COVID-19, despite the development of effective vaccines, is still with us.

But Corey said that his experience with these three diseases has been a lesson in how to solve medical problems with what he calls “concerted science,” a mixture of funding and collaboration between government, academic and commercial research.

“Research is scalable when collaborative groups are put together and funded to reach their scientific potential. HIV and COVID-19 are great examples of this,” Corey said. “How we organize ourselves seems to influence the outcomes we can achieve.”

Sabin Russell is a staff writer at Fred Hutchinson Cancer Center. For two decades he covered medical science, global health and health care economics for the San Francisco Chronicle, and wrote extensively about infectious diseases, including HIV/AIDS. He was a Knight Science Journalism Fellow at MIT, and a freelance writer for the New York Times and Health Affairs. Reach him at srussell@fredhutch.org.

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This story was originally published by the Fred Hutch News Service.

HVTN Updates

Site Investigators Join HVTN Executive Management Team

In May and July 2022, respectively, Dr. Hyman Scott and Dr. Jorge Sanchez joined the HVTN Executive Management Team. Dr. Sanchez has been involved in the HVTN since 2000 and has served on the Scientific Governance Committee since 2010. He is the Principal Investigator of the Peru Clinical Trials Unit in Lima, and has been a protocol team member of several study teams. Dr. Sanchez is also a recipient of the HVTN Service Award (2007). Dr. Scott has been involved in the HVTN for nearly a decade, and currently serves as the Medical Director at the Bridge HIV clinical research site in San Francisco. Dr. Scott has been actively involved with the HVTN RAMP initiative, helping to select scholars, providing mentoring, and helping with RAMP cohort trainings. Dr. Scott has also served on multiple protocol teams as chair or co-chair and recently received the HVTN 2022 Citizenship award for his work as a testament to his contributions to the HVTN.

Dr. Hyman Scott, Bridge HIV (San Francisco)

Dr. Jorge Sanchez, Peru Clinical Trials Unit (Lima)
Congratulations to HVTN Investigator Jorge Gallardo-Cartagena for Receiving the 2022 MIIA Award

The UW/Fred Hutch Center for AIDS Research recently announced the recipients of their 2022 Mentored International Investigator Award (MIIA). These awards are to encourage international junior investigators at an advanced stage of training or recently independent to conduct independent research with close mentorship from senior faculty. This research should ultimately lead to acquiring preliminary data to obtain funding to continue their HIV/AIDS research careers. One of our very own HVTN investigators received the award this year! Join us in congratulating Dr. Jorge Gallardo-Cartagena of the CITBM site in Lima, Peru!

**MIIA Project Title:** Bacterial STI Prevalence and Incidence and Willingness to Use STI PEP among MSM and TGW Receiving HIV PrEP in Lima

**Project Location:** Lima, Peru

**Mentors:** Connie Celum, UW; Jorge Sanchez, CITBM/UW; Ann Duerr, Fred Hutch; Kelika Konda, UCLA
UPCOMING
MEETINGS/CONFERENCES/AWARENESS DAYS

WORLD AIDS DAY
1 December, https://www.hiv.gov/events/awareness-days

2023 HVTN SUB-SAHARAN AFRICA REGIONAL MEETING
Johannesburg, South Africa – 6-8 February 2023, www.hvtn.org

U.S. NATIONAL BLACK HIV/AIDS AWARENESS DAY
7 February, www.hiv.gov/events/awareness-days

CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (CROI)

U.S. NATIONAL WOMEN & GIRLS HIV/AIDS AWARENESS DAY
10 March, www.hiv.gov/events/awareness-days

U.S. NATIONAL NATIVE HIV/AIDS AWARENESS DAY
21 March, www.hiv.gov/events/awareness-days

U.S. NATIONAL YOUTH HIV/AIDS AWARENESS DAY
10 April, www.hiv.gov/events/awareness-days

BIOMEDICAL HIV PREVENTION SUMMIT
Las Vegas, NV, USA, 11-12 April 2023, www.biomedicalhivsummit.org/

U.S. NATIONAL TRANSGENDER HIV TESTING DAY
18 April, www.hiv.gov/events/awareness-days

2023 HVTN FULL GROUP MEETING
Washington, DC, USA 3-5 May 2022, www.hvtn.org

2023 INTEREST CONFERENCE
Maputo, Mozambique, 9-12 May 2023, www.interestworkshop.org/

HIV VACCINE AWARENESS DAY
18 May, www.hiv.gov/events/awareness-days

U.S. NATIONAL ASIAN & PACIFIC ISLANDER AMERICAN HIV/AIDS AWARENESS DAY
19 May, www.hiv.gov/events/awareness-days

2023 HIV PREVENTION TRIALS NETWORK ANNUAL MEETING
Washington, DC, USA, 3-7 June 2023  www.hptn.org

HIV LONG TERM SURVIVORS DAY
5 June, https://www.hiv.gov/events/awareness-days

2023 NATIONAL AFRICAN AMERICAN MSM LEADERSHIP CONFERENCE
Atlanta, GA, USA, 7-11 June 2023, https://naesminc.org/

11TH SA AIDS CONFERENCE
Because **HIV** can happen to anyone.

HIV is something anyone can be exposed to, regardless of age, gender, or sexual orientation.

That is why we need all types of people to volunteer for an HIV prevention study.

We’re looking for people who are not living with HIV, 18-55 years old, and in general good health. Participants of these studies will be compensated.

People in the United States can learn more and register to participate in an HIV prevention study to help end HIV sooner. Go to HelpEndHIV.org*

*Applicable to US residents only*
Communities of Faith Breakfast

Building Partnerships for a One-Community Response to HIV

By: Dr. Ulysses Burley III, Project Director, HVTN Faith Initiative; Founder, UBtheCURE LLC

Hubert H. Humphrey, American pharmacist and 38th Vice-President of the United States once said, “...the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy, and the handicapped.” I would go further to say that this moral test is for any civilized society — not just governments, especially as it relates to those in the dawn of life who also find themselves living in the shadows, like children impacted by HIV. Unfortunately for them, we are failing the test with great success.

According to the annual update from the Joint United Programme on HIV/AIDS (UNAIDS) aptly titled “In Danger,” we are falling well short of the 2025 goals of the campaign to end HIV as a public health threat by 2030. In 2021, 1.5 million people were newly diagnosed with HIV, 1 million more than the 2025 target, which is still likely an underreporting of actual cases as many people didn’t have access to testing and treatment during the COVID-19 pandemic. Although new diagnoses fell from 2020, the decline of 3.6% was the smallest in 5 years. Of the 38.4 million people living with HIV in 2021, 10 million are still not receiving ART, and last year saw the lowest number of new people starting treatment in a decade. What’s most alarming is that 52% of children living with HIV aren’t on life-saving antiretroviral treatment, resulting in 1 child under the age of 15 dying every six minutes of AIDS-related illness last year.

As a clinician and public health professional, the global situation among children affected by HIV feels like a dereliction of duty, and must be held as a top priority for the HIV response. As a parent, it’s personally unacceptable and a failure on the part of adults to protect children and adolescents from a crisis that they are often born into. As a person of faith, and follower of Christ specifically, the disparity of HIV care between children and adults is downright immoral, considering Jesus’ preferential treatment of children in scripture. In the New Testament’s Gospel of Mark, Chapter 10, verses 13-16, it says that:

[13] People were bringing little children to Jesus for him to place his hands on them, but the disciples rebuked them. [14] When Jesus saw this, he was indignant. He said to them, “Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. [15] Truly I tell you, anyone who will not receive the kingdom of God like a little child will never enter it.” [16] And he took the children in his arms, placed his hands on them and blessed them.

God’s favor for children is evident throughout sacred texts across all faiths, not just Christianity. Communities of faith then have

Continued on the next page...
a moral responsibility to ‘take the children in our arms, place our hands on them and bless them’ with the HIV care that they deserve.

In a call to action, the faith community, governments, public health officials, and people living with HIV gathered in New York City alongside the United Nations General Assembly for a high-level Interfaith HIV Prayer Breakfast Thursday, September 22, 2022, just days after the announcement of the seventh replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) at a record level of $14.25 billion, the largest replenishment level to date. Hosted by the UNAIDS-PEPFAR Faith Initiative, and emceed by HVTN Faith Initiative Emeritus Rev. Edwin Sanders, the Prayer Breakfast focused on promising faith-based pediatric HIV practices to better address key gaps to end inequalities in HIV services for children.

The Interfaith Prayer Breakfast appropriately began and ended with words of prayer from Christian, Muslim, Jewish, Bahá’í, and Buddhist communities. Rev. Sanders remarked that, “The power of prayer is our greatest capacity in warding off the tyranny of low expectations.” It was a meaningful reminder that we are capable beyond the limitations of our collective humanity, because we receive our help from a higher source that has high expectations for us regarding God’s little ones; therefore failure is not an option.

Among the notable presenters at the event were PEPFAR Ambassador Dr. John Nkengasong, who deemed faith communities a “game changer” in the prevention of 5.5 million HIV transmissions among children over the last decade, and Winnie Byanyima, executive director of UNAIDS, who offered a keynote speech entitled “Building Partnerships for a One-Community HIV Response.”

There were presentations highlighting successful faith-based projects in sub-Saharan Africa that prioritize children and adolescents in HIV prevention, treatment, and care that I found particularly interesting and relevant to the work of the HVTN Faith Initiative in innovating the ways we engage diverse faith communities in the U.S. The Baby Shower Initiative (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260694) in Nigeria was presented by Dr. Timothy Efuntuye of CDC Nigeria as a congregational and community leadership approach to preventing parent-to-child transmission of HIV in a country that boasted the greatest number of infants living with HIV as of 2018. Fr. Richard Bauer of the Eastern Deanery AIDS Relief Program (EDARP) in Kenya celebrated another model named Operation Triple Zero (OTZ) (https://bit.ly/3zYqTwg), which uses a contextual “asset-based approach” whereby adolescents in Kenya are engaged directly to commit to zero missed appointments, zero missed drugs, and zero viral load. Director Byanyima reflected in her keynote that children can’t advocate for themselves and often aren’t in the room when decisions are made about their futures, so it was refreshing to learn of OTZ that empowers young people to take responsibility for their own health outcomes.

While there were no children present at the Prayer Breakfast, we were blessed to hear the story of Loyce Maturu who was 10 years old when she lost her mother and her brother to AIDS. When she was 12, she herself became ill and was taken to the clinic where she tested positive for HIV, except she wasn’t told that she was living with HIV and was instead just given pills to take. It was only after Loyce’s health improved and she stopped taking her medicine properly that she was finally informed that she was living with HIV and she’d have to take the medicine for the rest of her life to remain well. Now an adult and fierce champion for children affected by HIV, Ms. Maturu challenged the room exclaiming, “We need more than medicines if children are to take their treatment, survive, and thrive. We need better health and psychosocial support to help us understand our condition and treatment, to learn how to grow with HIV to feel confident, valued and loved, and to be able to achieve our hopes and dreams.”

While statistics help inform our progress in the fight against HIV/AIDS, stories like Loyce’s help to transform our hearts to be compelled to do more than just medicine — because medicine isn’t enough. Let us heed Loyce’s challenge for children to never encounter HIV, and the opportunity for those living with HIV to be able to grow and feel confident, valued and loved so that they might achieve their hopes and dreams.

**Challenge accepted.**
The development of a safe and effective HIV vaccine is one of the greatest biomedical research challenges of our time. The HIV Vaccine Trials Network (HVTN) is now accepting applications for Research and Mentorship Program (RAMP) Scholar Awards to attract African American/Black, Hispanic/Latinx, Native American/American Indian, Native Hawaiian, Asian and Pacific Islander medical students who want to make a difference in their communities and contribute to the development of an effective HIV vaccine.

**PROGRAM HIGHLIGHTS:**

- 8-10 week or 9-12-month research projects in the areas of clinical, laboratory, or social-behavioral research
- Structured mentorship by HVTN investigator(s)
- Travel to an HIV Vaccine Clinical Research Site in the US or abroad (if COVID has been controlled)
- Attendance at an HVTN Full Group Meeting
- Oral and poster presentations and potential for publication

**PROGRAM RESOURCES:**

- Up to $20,000 for short-term projects (8-10-weeks)
- Up to $70,000 for long-term projects (9-12 months)
- Funding includes salary, materials, and travel
- Career mentoring and access to HIV vaccine research expertise
- Attendance at a maximum of five training webinars through the course of the year, and a professional development workshop at the conclusion of the program.

Please visit hvtn.org/RAMP or contact: Linda Oseso at loseso@fredhutch.org

Applications are due by 5:00pm PST on January 2nd, 2023
84% of the human population professes a personal faith, and 40% of healthcare delivery in low- and middle-income nations is delivered by faith institutions (clinics, hospitals, community health centers). In places like sub-Saharan Africa, faith-based healthcare is as high as 70% in some countries, with HIV/AIDS as one of the greatest health concerns for faith-based organizations that are very well connected to local public health departments and HIV planning processes. However, in the United States, where faith-based healthcare only accounts for about 17% of healthcare delivery, faith leaders (clergy and lay) and congregations are often not well informed or connected to public health efforts for HIV and AIDS. Likewise, HIV-related stigma continues to be a barrier for U.S. faith communities still challenged by narrow views on sex, sexuality, and diverse identities in a country where LGBTQIA+ communities are most impacted by HIV/AIDS.

Therefore, in 2015 a group of U.S. faith-based advocates organized as the U.S. HIV and AIDS Faith Coalition (USHAFC) to change the narrative and deliver an enriching experience of education and storytelling to U.S. faith leaders ahead of the United States Conference on HIV and AIDS (USCHA), the largest annual HIV gathering in the United States. People of faith and goodwill, people living with HIV, and people working in the HIV and AIDS response gathered for a one-day interfaith pre-conference in advance of USCHA to discuss and develop strategies to strengthen the capacity of houses of worship and faith-based organizations who were engaged, or wished to engage, in efforts to end the HIV epidemic.

Throughout the years, the USHAFC has hosted these pre-conferences under themes like “HIV and the Faith Factor,” “Faith on the Fast Track to Stop AIDS,” “Faith Vision 2020,”
and “Faith Forward 2030,” in line with national and international HIV awareness campaigns as well as the themes of the U.S. Conference on HIV and AIDS. Since the founding of USHAFC, our programming has expanded beyond a one-day interfaith preconference at the USCHA into a coalition that offers various programming throughout the year. This programming focuses on the role of faith communities in the HIV response to:

- create awareness through education;
- ensure everyone knows their HIV status and is linked to prevention or treatment support as needed;
- address stigma, discrimination, and related health disparities;
- lobby for adequate funding to address HIV in the U.S. and around world;
- strengthen the resolve and commitment to achieve the goal of ending AIDS as public health threat by 2030.

This year we gathered in person for the first time in three years in San Juan, Puerto Rico ahead of the 2022 USCHA under the theme “Faith Forward: Fighting for our Lives.” Understanding the situation on the ground in Puerto Rico following the devastation of Hurricane Fiona, we hosted a hybrid program to be most accessible to people who were unable to travel to San Juan, as well as those local faith communities who were still actively recovering from the aftermath of the hurricane.

With the support of the United Church of Christ, HVTN, The Latino AIDS Commission, and Gilead Sciences, the USCHA interfaith PreConference featured a dynamic program that included multifaith centering rituals, a biomedical research update delivered by HVTN External Relations Director Dr. Step haun Wallace, a panel discussion highlighting the lived experiences of Latinx people of faith who are living with HIV, updates on the faith response to HIV globally and in the U.S. South, and a keynote by Human Rights Activist Pedro Julio Serrano. Serrano made history in 1998 when he became the first openly LGBTQIA+ and HIV+ person to run for elective office in the history of Puerto Rico. He lifted up the history of Puerto Rico, pointed out the challenges the political relationship with mainland U.S. poses in the response to HIV on the island, and encouraged faith leaders to continue to be strong advocates for the people of Puerto Rico.

In retrospect, the Interfaith Preconference was an opportunity to explore intersections like geopolitics, climate change, and language justice impacting Latinx communities of faith in a U.S. territory that differ from, but are no less significant than, those present in the mainland U.S. These issues deserve the full attention and activism of faith communities committed to fighting for the lives of people impacted by HIV and AIDS.

To learn more about the USHAFC or experience moments from the 2022 USCHA Interfaith PreConference please visit www.hivfaith.org.
Catching Up with the HANC Legacy Project

By: Russell Campbell, Brian Minalga, Tasia Baldwin, HANC, Seattle, WA, USA

The Legacy Project (https://www.hanc.info/coordination-areas/community.html#lp) at the Office of HIV/AIDS Network Coordination (HANC) (https://www.hanc.info/) has worked to address issues that influence the participation of underrepresented populations in HIV clinical research since 2009. The Legacy Project is led by Russell Campbell and managed by Brian Minalga, Pedro Goicoechea and Tasia Baldwin. These are a few highlights of what the Legacy Project has been working on since the last update!


The NIH-funded HIV/AIDS clinical trials networks are leading the way to ensure that underrepresented populations are included in their research. Black, Indigenous, and Latinx people. Youth, cisgender women, and transgender people. People who inject drugs and people who become pregnant. Too often, these populations are excluded, neglected, or otherwise underrepresented in HIV research. And too often, researchers explain this underrepresentation by characterizing these populations as “hard-to-reach” or “mistrustful,” or don’t say anything about them at all. The HANC Legacy Project’s Representative Studies Rubric (RSR) uproots this narrative by using evidence-based methodologies to reveal systemic and institutionalized practices within clinical research that perpetuate the exclusion of underrepresented populations.

Created by the Legacy Project in 2021, the RSR is a tool consisting of a 12-item questionnaire designed to identify the extent to which individual study protocols include and exclude underrepresented populations. Led by Brian Minalga, a group of Legacy Project Working Group members performed an RSR analysis of 100% of studies that were enrolling in the ACTG, HPTN, HVTN/CoVPN, IMPAACT, and MTN in September 2021. This analysis identified gaps in inclusion practices that the Networks are now working to address. Data generated by this analysis have been presented to each Network’s leadership, who in turn have nominated representatives from their Network to join the HANC-facilitated RSR Working Group, with the goal of implementing the RSR as a protocol development tool, ensuring that questions of inclusion and representation are considered as early as possible and throughout the protocol development process. This includes the recommendation that protocols specify the reason(s) for exclusion of any underrepresented population(s). In 2022, the Legacy Project is dedicated to supporting the Networks and all their study teams in implementing the RSR as a protocol development tool. Legacy Project activities to support RSR implementation include:

- Creating Network-specific reports detailing the performance of each study analyzed in 2021 within each of the RSR’s 12 domains;
- Meeting with various teams within each of the Networks to present data from the 2021 RSR analysis and support forward-looking implementation;
- Facilitating cross-Network RSR Working Group meetings to strategize and harmonize RSR implementation;
- Expanding the reach of the RSR to our partners, collaborators, and colleagues by presenting the RSR at conferences such as the International Workshop on HIV & Women and AIDS 2022.

The NIH-funded HIV/AIDS clinical trials networks exemplify dedication to inclusion and representation in HIV research conducted around the world. The Legacy Project team is proud to support the Networks in achieving their mission to end the HIV epidemic for all.

Podcast

H=H, the H is for Human, the podcast that centers on the human in HIV (https://redcircle.com/shows/hh-the-h-is-for-human)

H=H, the podcast that centers on the human in HIV, is produced by the Legacy Project and presents content on HIV research education, affirming Black, Indigenous, and other People of Color (BIPOC) and sexual gender minority communities disproportionately impacted by HIV. Launched on November 1, 2021, the podcast has aired nine episodes:

- **Episode 1: The H is for Human.** This initial episode of the “H is for Human” introduces the audience to the Legacy Project, the Office of HIV/AIDS Network Coordination, the Legacy Project working groups, the Division of AIDS (DAIDS) of the US National Institutes of Health and the HIV/AIDS research networks.

- **Episode 2: World AIDS Day.** H=H acknowledges World
AIDS Day and features Jeff Schouten, the Director of HANC, and leadership members from each of the HIV/AIDS research networks leaders: Judy Currier (ACTG), Sharon Nachman (IMPAACT), Wafaa El-Sadr and Myron Cohen (HPTN), and Georgia Tomaras (HVTN).

- **Episode 3: A conversation with Dr. Carl Dieffenbach.** This first episode of 2022 features an exclusive interview with Dr. Carl Dieffenbach, the Director of the Division of AIDS (DAIDS) at the National Institutes of Health.

- **Episode 4: The health of transgender people.** Transgender people are one of the groups most impacted by the HIV epidemic and for the longest time, they have been the orphans of the HIV epidemic. Episode 4 is devoted to the health of transgender people.

- **Episode 5: Transgender women’s health research.** This episode is devoted to research being conducted with transgender women in the context of the DAIDS research agenda. Our guests discuss how DAIDS approaches research on issues pertaining to transgender people, and talk about their studies with transgender women.

- **Episode 6: Latinx & HIV. The National Latinx Conference on HIV/HCV/SUD.** This episode reports on the 2022 Latinx Conference on HIV/HCV/SUD that took place on March 20-26 in Albuquerque, New Mexico. We interview the conference director, Pedro Coronado, and feature three workshops that include Language Justice, training of HIV health care providers during the COVID-19 pandemic, and the National Hispanic/Latinx Health Policy Agenda 2022-2024 released by the Latino Commission on AIDS.

- **Episode 7: Desire, Intimacy, Pleasure, and Sexual Health: An Interview with Jim Pickett.** In this episode we speak with Jim Pickett, a long-time HIV/AIDS prevention advocate, who talks to us about desire, intimacy, pleasure, sexual health and new biomedical HIV prevention technologies.

- **Episode 8: The Present and Future of HIV Vaccines.** This episode presents the status of the HIV Vaccine Trials Network (HVTN) research agenda, the role that the community plays in this process, and the relevance of the inclusion of diverse populations and vulnerable groups in the conduct of HIV vaccine studies. In Episode 8 we interview Dr. Michele Andrasik, PhD, who leads the Social and Behavioral Science and Community Engagement Unit at the HVTN.

- **Episode 9: National Latinx AIDS Awareness Day 2022.** This episode is dedicated to Hispanic and Latinx Heritage month that is celebrated annually, and that acknowledges the contributions of these communities to the land that they have inhabited for more than five centuries. We also observe October 15, National Latinx AIDS Awareness Day, to raise awareness of the impact that the HIV epidemic has in these communities.

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Be the Generation to End the HIV Epidemic (https://bit.ly/3NVE9Yk)

Having led to the approval of pills, rings, and shots that prevent HIV acquisition, biomedical HIV prevention research has never held more promise to end the HIV epidemic. But if we aren’t working to end the HIV epidemic for all, then we’re not really working to end the HIV epidemic. People who are underrepresented in HIV prevention research are also underrepresented among those who benefit from biomedical HIV prevention tools. The Legacy Project’s Be the Generation (BTG) initiative is working to ensure that underrepresented populations have the opportunity to engage in HIV prevention research. Here’s how we’re supporting this generation to be the generation to end the HIV epidemic:

- **BTG website (https://bit.ly/3NRs85U):** the place to go online for information on biomedical HIV prevention research focused on PrEP, U=U, microbicides, and vaccine research.

- **BTG newsletter (https://bit.ly/3WM3nfv):** the Legacy Project’s quarterly online newsletter bringing the latest in biomedical HIV prevention research to the community (sign up by emailing bminalga@fredhutch.org).

- **BTG trainings (https://bit.ly/3UJsduQ):** comprehensive training modules that you can download to hold a training in your community on biomedical HIV prevention research—or invite the Legacy Project to do a training for you!
HBCU initiative:

- Legacy Project representatives attended and presented the HPR Module (https://www.hanc.info/resources/training/hpr-training.html) as part of the Duke CFAR Diversity, Equity, and Inclusion Pipeline Initiative (CDEIPI) at Allen University, Claflin University and Morris College. The program is entitled: Evidence2Practice (E2P), and it focuses on leveraging implementation science to recruit HBCU/MSI students into careers in HIV research. E2P is an intensive on-campus workshop-based initiative, anchored by the HPR Module, with the goal of increasing student interest in careers in HIV science, through providing an experience-based introduction to implementation science.

- Russell Campbell and Tasia Baldwin are working with and providing expertise to the Black AIDS Institute (BAI) on the Health Resources & Services Administration - HIV/AIDS Bureau’s (HRSA/HAB) $8 million dollar grant for a biomedical prevention justice initiative. This four-year project led by BAI, in partnership with Cardea and the 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.

Conferences

2022 HRSA Region 10 Health Equity Conference, Tacoma, Washington:

The Legacy Project participated in the first HRSA Region 10 Health Equity Conference at the University of Washington – Tacoma and virtually on Zoom Events. We presented information focused on addressing why people who inject drugs or people who use drugs are not assessed and/or are excluded from participation in HIV/AIDS clinical research.

US Conference on HIV/AIDS, October 7-11, 2022, San Juan, Puerto Rico:

The Legacy Project team went to San Juan, Puerto Rico, where they presented two workshops and one institute, reaching over 225 participants through the following sessions:

- Woke Research: Efforts to Ensure Meaningful Inclusion
- Long-acting HIV Treatment and Prevention Regimens: Present and Future
- Hard-to-reach vs. Hardly Reached Populations in HIV research

HVTN Conference, October 17-19, 2022, Seattle, Washington:

Legacy Project representatives presented the session “Creating a Legacy of Health Equity by Engaging BIPOC Populations into HIV Clinical Trials” at the HVTN Conference in Seattle.

Gender and Health: Impacts of Structural Sexism, Gender Norms, Relational Power Dynamics, and Gender Inequities:

The Legacy Project presented “The Representative Studies Rubric: 12 Steps to Enhance the Representation of Women and Other Underrepresented Populations in HIV Research” at the NIH Office of Research on Women’s Health Symposium on Gender and Health.

Announcements

In other news, Russell Campbell was promoted to Director of the Office of HIV/AIDS Network Coordination (HANC) effective October 10, 2022. Russell joined HANC in 2008, and for the past seven years has served as HANC Deputy Director, providing oversight and strategic direction for all cross-network coordination activities.

“Representation Matters” (https://bit.ly/3A3fJWO) is a recent article authored by Pedro and Tasia on behalf of the Latinx Caucus, published in the Fall issue of the HIV Specialist magazine, a quarterly publication of the American Academy of HIV Medicine. The magazine has 14,000 subscribers and was presented at the US Conference on HIV/AIDS 2022.

Russell, Brian, Pedro, and Tasia hope to see you soon!

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The Black AIDS Institute (BAI) (https://blackaids.org/) is a national, community-focused nonprofit that seeks to offer an unapologetically Black lens in a continuous effort to end the HIV epidemic in Black communities. Under the current leadership of Interim CEO and Chief Program Officer Michelle Reese, BAI focuses all decisions, responses, messaging, and programming on the core values of Black empowerment, equity, impact, self-determination and integrity.

Founded in 1999, BAI was brought together by powerful leaders to help mobilize and educate Black Americans about HIV/AIDS treatment and care. They envisioned an organization that directly challenged the systems of oppression that marginalize Black health and developed culturally specific programming to address the unique needs of Black people. With a foundation in advocacy and policy work, BAI works towards improving the health and wellness of Black people through research, community efforts, and clinical work.

Over the span of 23 years, BAI has been a strong presence in the Black community, developing research and training programs to prepare the next generation of leaders to continue shifting the paradigm to center Black voices in the conversation to end the HIV epidemic. Beginning in 2001, BAI launched a Community Mobilization College, referred to as the African American HIV University (AAHU). Since its inception, this program has trained hundreds of advocates on the history of community coalitions and their efforts in fighting the HIV epidemic, current United States HIV strategy, and recent advances in biomedical prevention methods.

On February 7, 2020, BAI launched “We The People: A Black Strategy to End HIV” (https://blackaids.org/we-the-people/) which set pillars to Invest, Build and Dismantle anti-Black practices and systems that jeopardize the health and well-being of Black people. The initiative sought to push forward the creation of platforms to make sure that the community at large is an integral part in research and decision making regarding HIV, and the strategies to move this work forward.

Leading the We The People strategy, BAI partnered with the HIV Vaccine Trials Network (HVTN) and Treatment Action Group to develop the “We The People Research Cohort” (WTPRC) which was an educational effort to gear up marginalized populations with knowledge about HIV biomedical prevention interventions to empower and continue to create new generations of HIV research advocates. WTPRC has trained over 60 advocates to serve as mobilizers for HIV vaccine and biomedical
interventions in the United States. In April 2022, BAI and partners (HVTN, Treatment Action Group and Southern AIDS Coalition) led a workshop at the NMAC Biomedical HIV Prevention Summit titled, “The Power of Togetherness: Building Future HIV Advocates.” This well attended event highlighted the continual need to center work around community voices.

The biomedical research department at the Black AIDS Institute is made up of a talented team of three being led by Myriam Johnstone, Senior Program Manager of Biomedical Research Training and Education; Brady Maiden, Senior Manager of Prevention and Research; and Destiny Pearson, Research Coordinator II, who lead all programming efforts based on inclusion of communities of color in the HIV space. As 2020 progressed, the biomedical research team included in its efforts a response to the COVID-19 pandemic and its disproportionate impact on Black people. Black Americans were greatly affected by the pandemic after years of being historically misrepresented, misinformed and used as test subjects in the research field, which led to taking a creative approach in how to engage the Black community around COVID-19 vaccine awareness and safe social distancing practices. BAI continues to collaborate with the HIV Vaccine Trials network and other partners to rethink how we have conversations with communities of color about HIV vaccines, research, and biomedical prevention. As the current state of the world continues to shift, with Monkeypox now at the forefront of conversation alongside COVID-19 and HIV, BAI recognizes that there is still work that needs to be done to dismantle institutional barriers of access for Black people in the United States and across the globe. Working with HIV Vaccine Trials Network, Treatment Action Group, Southern AIDS Coalition and other partners, BAI will launch a strong push to reimagine efforts of outreach to Black community intersections, such as churches, salons, barber shops and local organizations, to solidify the message that this is “Our People, Our Problem and Our Solution”.

This sparked the launch of a social media campaign titled Wake Up Wednesdays, with a strong following of over 15,000 followers. The biomed team is able to poll the lay community and develop content that helps create an understanding of the science and vaccine development for both COVID-19 and HIV. In June 2022, BAI continued their brown bag series with an event titled, Lifespan of Black Americans Post- Pandemic, which discussed the lower life expectancy of Black Americans and the post-traumatic stress of the pandemic. Highlighting a further need for community health, in August 2022 BAI, hosted a self-care healing circle in partnership with HVTN for frontline workers to have a space to debrief on the impact of the pandemic and provide guiding tools on how to move forward.
Treatment Action Group (TAG), founded in 1992, is an independent, activist, and community-based research and policy think tank comprised of a team of science-based activists working to expand and accelerate vital research and effective community engagement for an end to the HIV, tuberculosis (TB), and hepatitis C (HCV) pandemics. As a now 30-year old organization that was borne of the activist ACT-UP movement that galvanized around activism for access to testing and treatments for HIV, TAG has since expanded its advocacy focus to TB, HCV, COVID-19 and emerging outbreaks (e.g., monkeypox virus), while recognizing that achieving an end to these pandemics hinges on a commitment to racial, gender, and LGBTQ+ equity; social justice; and liberation. TAG catalyzes open collective action by affected communities, scientists, and policymakers to ensure that all affected communities — especially communities of color and other marginalized communities — receive life-saving prevention, diagnostics, treatment, care, and information. We envision achieving an end to pandemics through discovery, development, and worldwide dissemination of safe and effective diagnostics, preventives, vaccines and cures, and through public health structures that end systemic harms, promote human rights, and are developed by the diverse communities most affected by these conditions. We believe this vision will be realized based on data and science, and achieved through community engagement, distributive justice, and equitable access to the benefits of science.

TAG has extensive experience in developing educational resources for community advocates. Our current Community Engagement program funded by HVTN and CoVPN is led by Abraham Johnson, HIV Community Engagement Project Manager, and Riko Boone, HIV Project Director, with strategic and logistical support provided by Richard Jefferys, Basic Science, Vaccine and Cure Project Director and Mark Harrington, TAG’s Co-founder and Executive Director. Notably, TAG’s advocacy efforts and community engagement around HIV vaccine development can be traced back to our founding in 1992. In 2000 we published a report entitled, NIH-Funded AIDS Vaccine Research - A Critical Review, authored by Gregg Gonsalves, TAG’s then Policy Director. The report stated TAG’s belief “that a vaccine is most likely to emerge from a creative and rigorous synthesis of basic research in human and non-human primate immunology and in HIV virology, with animal and clinical studies of vaccine candidates, delivery routes, adjuvants, and the like. We hope that by examining the scientific issues faced in basic, animal, and clinical HIV vaccine research, we can contribute to overcoming the obstacles and thus contribute to a revitalized, accelerated, intensified effort.” From its inception, TAG has covered vaccine development (for HIV, TB, and HCV) in over 210 publications.

In 2017 TAG published a report with support from AIDSFonds (Netherlands) on the integration of pre-exposure prophylaxis (PrEP) in HIV prevention and vaccine trials, entitled HIV Research in the Era of...
**PrEP: The Implications of TDF/FTC for Biomedical Prevention Trials** (https://bit.ly/3ti2Yns). This report provided overviews of the HVTN 505 and HVTN 702 trials, described plans to offer PrEP medication and PrEP information in the HVTN 704/HPTN 085 and HVTN 703/HPTN 081 “AMP Studies”; and highlighted results from a TAG-developed survey assessing community attitudes regarding PrEP provision in biomedical prevention clinical trials based on a questionnaire completed by HIV prevention research community advocates. The online questionnaire, launched between March 7 - March 20, 2017, was drafted by TAG staff, finalized with feedback provided by five biomedical prevention advocacy partners, and heavily promoted via HIV prevention and advocacy listservs and social media. Also in 2017, TAG launched four educational modules on HIV prevention policy and research advocacy (https://bit.ly/3NZ1wzZ), including resources that formed the basis of dozens of TAG-led community trainings held across the southern U.S.

Beginning in 2005 as part of our ongoing monitoring and dissemination of information about advances in the HIV vaccine research pipeline (https://bit.ly/3FVLoU), and made possible since 2020 in part due to the generous support of the HIV Vaccine Trials Network, TAG releases factsheets (https://bit.ly/3DWRuUh) and yearly updates to its HIV Vaccine and Passive Immunization Pipeline Report (https://bit.ly/3UFtMVC). These reports have been very useful resources over the years for advocates to stay up to date on current developments, questions, and emerging issues in HIV vaccine research. Coupled with webinars produced by TAG in collaboration with partners at the HVTN, the Black AIDS Institute, and Southern AIDS Coalition, and featuring community advocates, researchers and stakeholders, the Pipeline reports have been cornerstones of our efforts to motivate and educate communities about the vital role of HIV vaccines. Over the years with the support of HVTN, TAG has produced and collaborated on webinars celebrating successes and innovations in biomedical HIV prevention and future opportunities (https://bit.ly/3E0Dro5) that will stem both from those prior advances as well as from innovations that are currently in the research pipeline; describing how lessons learned from the HIV epidemic (https://bit.ly/3WPPrb) can inform efforts to address the COVID-19 pandemic through a racial equity lens; raising awareness of the impacts of post-acute sequelae of SARS-CoV-2 infection (i.e., “PASC” or “Long COVID”) on people living with HIV (https://bit.ly/3hxKvk); and highlighting the roles of analytical treatment interruptions and broadly neutralizing antibodies in HIV vaccine, cure and prevention research (https://bit.ly/3WQRR5St) (e.g., the HVTN 804/HPTN 095 and HVTN 805/HPTN 095 “AMP ATI” Studies). Notably, in response to the announcement of results from the Imbokodo HIV vaccine trial (HVTN 705), TAG’s Basic Science, Vaccines, and Cure (BSVC) Project Director, Richard Jefferys, wrote a comprehensive article about the lack of protective efficacy observed and implications for the future of HIV vaccine research (https://bit.ly/3t3MbY). Together with a previously published 2008 commentary in defense of the HVTN, TAG (https://bit.ly/3NZ28ph) conveyed the critical message that perceived ‘failures’ of HIV vaccine efforts should not necessarily be viewed as crises for HIV research.

TAG’s closer partnership with the HVTN grew further in 2018 after the HVTN’s one-day Next Generation of HIV Prevention Efficacy Trials meeting – a relationship that has continued to flourish through powerful collaboration with Black AIDS Institute and Southern AIDS Coalition. More examples of this partnership include the creation of the We The People Research Certificate Program (https://bit.ly/3A6qxDD), which has equipped HIV prevention research advocates to engage in discussions about the future of HIV trial design, and provided them with access to a network of both global and domestic HIV advocates; a March 2020 white paper entitled, The Future of Biomedical HIV Prevention Trials: Researcher Viewpoints and Community Survey (https://bit.ly/3fXXiiC); and an April 2022 workshop during the NMAC Biomedical HIV Prevention Summit entitled, “The Power of Togetherness: Building Future HIV Advocates.”

Mark Harrington shared his insights on the history and current landscape of HIV vaccine development during the May 2022 HVTN Full Group Meeting in Washington, DC, for a discussion session titled, “What’s the end game? Specifically, how do we bring it all together to make an effective neutralizing vaccine?”

As has been the case for all HIV prevention, vaccine, treatment and cure research stakeholders, in 2020 TAG was forced to pivot our programming to adjust to the realities of the COVID-19 pandemic, while simultaneously beginning to produce community engagement programming focused on the impacts of the pandemic on key populations and HIV research, and educating communities about scientific developments and subsequent dissemination of...

Our COVID-19 related community engagement programming has included webinars highlighting lessons learned from COVID-19 protocols, policies implemented by HBCUs, and student perspectives (https://bit.ly/3hxMe98) to help inform responses to future pandemics or public health emergencies; a May 2021 report entitled, Breaking Barriers: Surveying Community Perspectives of COVID-19 Vaccine Research (https://bit.ly/3UMZ2H6); and a September 2022 webinar focused on the current landscape and future directions for addressing the COVID-19 and monkeypox pandemics (https://bit.ly/3A6goqu). Promoting the critical role that equitable access to vaccines (https://bit.ly/3UqFMQ3) generally plays in resolving health disparities, TAG is committed to advocating and engaging communities around issues related to vaccines and other preventive tools and treatments for TB, viral hepatitis, COVID-19, and monkeypox. We hope one day to include durable and universally available vaccines and cures for HIV.

TAG deeply understands the unique role that research advocacy organizations play in the path to find an HIV vaccine. Our programming and advocacy reflects the needs of community and stakeholders domestically and globally, and we recognize that without inclusiveness and intentional community engagement from the inception of a clinical trial, an HIV vaccine may fail to reach populations who most need it. To that end, we will continue to advance innovative approaches to meaningful community engagement to ensure that our advocacy efforts leave no voice unheard, while relentlessly fighting for unencumbered, equitable access to HIV vaccine trials and other biomedical interventions.
Love is Love.

Participating in an HIV prevention study is too.

When you take a step forward and participate in an HIV prevention study, you are showing your love to your whole community.

We’re looking for people who are not living with HIV, 18-55 years old, and in general good health.

People in the United States can learn more and register to participate in an HIV prevention study to help end HIV sooner. Go to HelpEndHIV.org*

*Applicable to US residents only
HIV Resources:

UNAIDS 2022 Update Report: In Danger
UNAIDS published a report that highlights some of the pressing issues facing global efforts to end HIV, along with strategies and considerations for refocusing and revitalizing efforts that also factor in the impact of the COVID-19 pandemic.

For more information about the report, or to download and review it, go to: https://indanger.unaids.org/

HIV Prevention Efficacy Trial Designs of the Future
The "HIV Prevention Efficacy Trial Designs of the Future" workshop, organized by the Global HIV Vaccine Enterprise in partnership with the HIV Vaccine Trials Network (HVTN), the HIV Prevention Trials Network (HPTN) and the Forum for Collaborative Research, completed the series of talks and education sessions with significant attendance and engagement in the important discussions about the future of HIV clinical trials.

On behalf of the Organizing Committee: Roger Tatoud, Holly Janes, Deborah Donnell, Veronica Miller, Stephnaun Wallace, and Linda-Gail Bekker, thank you to all who participated and engaged, and we hope you find the discussions helpful.

For more information about the series, including past session recordings, go to: https://bit.ly/3UqRla1

HIV in the USA
HIV is an epidemic that continues to impact communities around the world, burdening some communities disproportionately, especially during COVID-19.

Check out this open-access series of published works by leading experts in community engagement, epidemiology, and healthcare https://tinyurl.com/4dp2hfzx.

Partner Organization Resources:

Asian and Pacific Islander American Health Forum Resources
The Asian and Pacific Islander American Health Forum compiled and produced many resources focused on engaging Asian and Pacific Islander communities. Check out the resources at: https://www.apiahf.org/.

Association of Nurses in AIDS Care
The Association of Nurses in AIDS Care compiled and produced many resources focused on engaging nurses, healthcare providers, and communities. Check out the resources at: https://www.nursesinaidscare.org.

AVAC
AVAC has compiled and produced many resources focus on engaging advocates in the HIV response. Check out the resources at: https://www.avac.org/

Black AIDS Institute Resources
The Black AIDS Institute has compiled and produced many resources focused on engaging Black communities. Check out the resources at: https://blackaids.org.

Latino Commission on AIDS COVID-19 Resources
The Latino Commission on AIDS has compiled and produced many resources focused on engaging Hispanic/Latino communities. Check out the resources at: https://latinoaids.org.

National Medical Association/W. Cobb Institute
The National Medical Association (NMA) in the largest and oldest U.S.-based organization representing African American/Black physicians and patients. They have compiled and produced many resources focused on engaging Black healthcare providers and communities. Check out the NMA resources at: https://www.nmanet.org.

W. Cobb Institute is a national consortium of scholars that engages in innovative research and knowledge dissemination for the reduction and elimination of racial and ethnic health disparities and racism in medicine. Check out the Cobb Institute resources at: https://www.thecobbinstitute.org.

Treatment Action Group COVID-19 Resources
Treatment Action Group has compiled and produced resources focused on engaging diverse communities, including persons living with HIV. Check out the resources at: https://www.treatmentactiongroup.org.

Urban Indian Health Institute Resources
The Urban Indian Health Institute produced many resources focused on engaging American Indian and Alaska Native communities. Check out the resources at https://www.uihi.org.

COVID-19 Prevention Network Virtual Community Sessions
You can watch past recordings of our community education and engagement discussions COVID in Black, PANDEMIA, and Imam and COVID-19 on the CoVPN YouTube Page at: https://tinyurl.com/54wzuf3w.
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.

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hvtn.org/en/community/community-compass.html

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