

Exposing inequalities: The underlying connection between COVID and AIDS

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It was mid-March 2020 and Brad Sears had a good indication of what

was going to happen next. He had survived the AIDS epidemic four decades ago and based on that experience knew COVID-19 would quickly expose existing social inequalities.

As a young man in the early 1980s and on a career track in law, Sears was well aware of the policy discussions around HIV/AIDS. Much of that discussion at the federal level characterized AIDS as a gay men's disease and thus not a priority for the Reagan-era United States. The impact of oppression and discrimination—whether measured by access to health care, poverty, mental health or substance abuse—paved the way for HIV to disproportionately affect marginalized communities, in particular men, women and transgender people of color.

For Sears, who is the founding executive director and David Sanders Distinguished Scholar of Law and Policy at UCLA's Williams Institute (the nation's first university-based LGBT law and policy think tank), this would become much more than a work-related interest; he has been living with HIV since 1995.

In those initial days of the COVID-19 pandemic, following emergency orders put in place by governments across the country, Sears geared up for another chapter in America's history in which vulnerable communities would pay a steeper price in the face of disaster.

In an [opinion piece](#) published in Ms. Magazine in March 2020, Sears predicted how COVID-19 would harm these communities and offered suggestions for how to end this cycle of injustice.

Sears has made lots of observations in the almost two years since his piece was published. Overall, he's not surprised by much of what has played out.

"COVID-19 quickly settled in, like HIV, to disproportionately impact

vulnerable communities, including the Black community, Latinx communities, LGBTQ communities, as well as immigrant and low-income communities in particular," said Sears, who is also the associate dean of public interest law at UCLA School of Law.

In the United States, Blacks, Latinos and Indigenous people have died at nearly twice the rate of whites, according to U.S. Centers for Disease Control and Prevention data. A Kaiser Family Foundation poll showed how LGBT adults are being affected compared to non-LGBT adults:

- A larger share of LGBT adults compared to non-LGBT adults report that they or someone in their household has experienced COVID-era job loss (56% v. 44%)
- 74% of LGBT people say worry and stress from the pandemic has had a negative impact on their [mental health](#), compared to 49% of those who are not LGBT.

Sears also said that while widespread threats to [public health](#) like AIDS and COVID-19 are inevitable, a society that prioritizes equality and universal access to resources would sharply reduce the harm.

Housing and health care

Sears said that better access to health care could have helped stop the spread of COVID-19 in part because people wouldn't have to worry about the cost of treatment. Beyond that, if the United States had universal health care that would have reduced the pre-existing conditions that have made COVID-19 infections severe or even fatal.

Approximately 34.2 million Americans—just more than 10%—have diabetes, a pre-existing condition (that is manageable with medication and dietary and lifestyle choices) that can make COVID worse.

"If we have a population that has health care, that is healthy, that knows who their doctor is, where to go for a test and wouldn't be scared about the cost ramifications of seeking out health care, that would have made a huge difference over the course of the COVID pandemic," Sears said.

Now, Sears takes this argument further and points out the correlation between housing security and health care—something organizations assisting people living with HIV, or PLWH, have long taken into consideration.

"Housing stability is a necessary condition before you can even address people's health," said Sears, who worries that the expiration of government-led COVID-19 protections and support could worsen the housing crisis, creating a roadblock for public campaigns to reach the unhoused.

Stigma and discrimination

By the time Sears wrote his opinion piece in March 2020, instances of violence, discrimination, harassment, racism and violence, particularly against Asians and Asian Americans, were already occurring nationally in response to COVID-19. This rang an all-too-familiar bell for Sears, who remembered the early days of the AIDS epidemic when gay and bisexual men were targeted as the erroneously blanket reason the virus was spreading.

"As the disease progresses and becomes more concentrated in already marginalized communities, we will again need to remind ourselves and others that risk is created by conduct not categories of people," he wrote pointing out how little we have learned as a country.

Almost two years into the pandemic, Sears emphasizes that compassion should extend to everyone.

"I have counseled myself and others, that although the resistance to COVID precautions seems alarming, when somebody's sick they need support in treatment and not to be blamed," Sears said.

Sears points out the real culprit fueling the resistance to public health campaigns is the rise of disinformation that thrives in a fragmented media environment, which is a huge difference between the AIDS epidemic and COVID-19.

In search of a solution, Sears said he's thinking about ways to re-engage people in public health education, starting with things as basic as knowing what the Centers for Disease Control and Prevention is and where these recommendations come from.

"People shouldn't be learning that on the fly during the pandemic," said Sears, who draws a parallel with how a lack of comprehensive sex education has fueled the spread of HIV and other sexually transmitted diseases.

Vaccine efforts

Sears credits the 40 years of research into HIV as a contributing factor to the speed with which we saw a COVID-19 vaccine developed and deployed. Though the viruses are different—with HIV proving unique in the way it hides in reservoirs in the body such as lymph nodes and the brain—the lack of an HIV vaccine four decades later raises a question.

"As we see effective treatments developed for other viruses, it does raise the question, "Are we really adequately resourcing the vaccine in the cure for HIV?" Sears said.

Public health recommendations

One thing that has also been striking to Sears is what he calls a "severe resistance" to public health measures put in place to curtail the spread of COVID-19. Recommendations to wear masks, physically distance from one another and gather outdoors pale in comparison to the behavioral changes that were recommended during the AIDS epidemic, he said.

"To tell a bunch of people in their 20s and 30s to stop having sex so much, or 'you may not use a condom now, but now you're going to have to,' ... those are pretty big," Sears said.

Part of this phenomenon Sears attributes to the uniqueness of the AIDS prevention movement. These were campaigns for LGBTQ people by LGBTQ people, and so the reaction was a lot different, he said.

"A community came together to protect itself and that is not happening with COVID," said Sears, who believes a major consequence of widespread resistance to public health measures is that more people end up sick and the health system overtaxed.

Where do we go from here?

The lessons Sears put forth in his opinion piece almost two years ago still hold true for him. He emphasizes that the cost of the pandemic, both in lives and resources, could have been mitigated had the nation invested in broader access to health care in the wake of AIDS.

"Hillary Clinton, Barack Obama, Elizabeth Warren and Bernie Sanders have all called for universal [health](#) care, or Medicare for All, but in each case (at least it appears now), they and we have fallen short of the goal. This crisis creates another moment to change that," Sears wrote.

"When Warren and Sanders are being taken to task for the cost of universal [health care](#), somewhere in the ledger we need to record the

costs of the HIV epidemic, and the costs of COVID-19."

Provided by University of California, Los Angeles

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