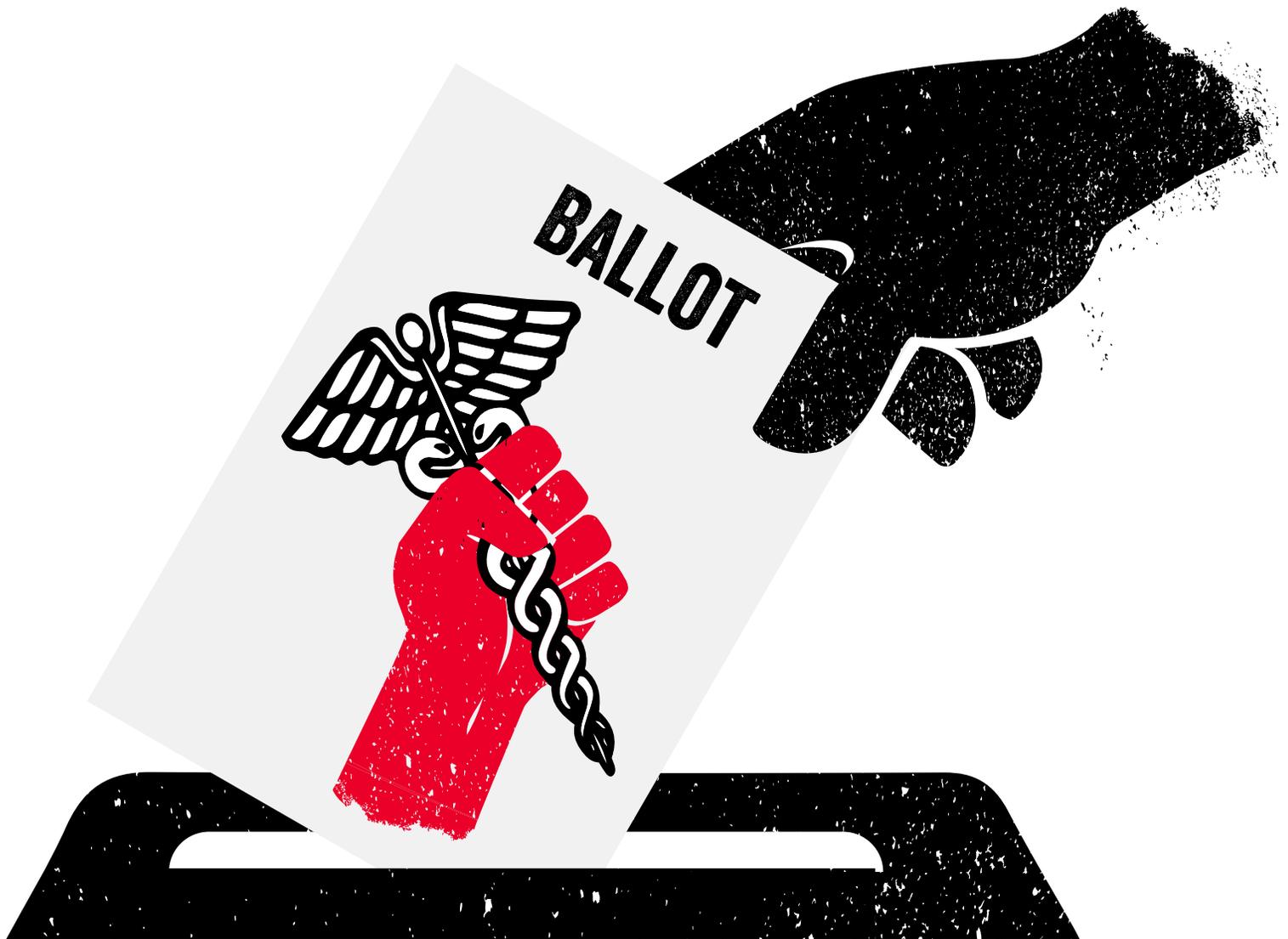


VOTE YOUR CONSCIENCE: ELEVATING HEALTH JUSTICE IN THE 2020 ELECTIONS



REGIME CHANGE IN AMERICA: TRACKING TAG'S WORK ACROSS EIGHT NATIONAL ELECTION CYCLES

By Erica Lessem and Mark Harrington

Ours is not the struggle of one judicial appointment or presidential term. Ours is the struggle of a lifetime, or maybe even many lifetimes, and each one of us in every generation must do our part.

—Congressmember John Lewis, Across that Bridge: Life Lessons and a Vision for Change

2020 marks the eighth U.S. presidential election cycle since Treatment Action Group's founding in 1992. A hallmark of our activism has been to prepare for each presidential and congressional election cycle strategically, to ensure that whoever is elected, and whoever controls the House and the Senate, is informed about the best scientifically grounded research and policy and research programs.

1992–2000

When TAG was founded in 1992 by members of ACT UP/New York's Treatment + Data (T+D) Committee, the U.S. HIV epidemic was at its worst; AIDS incidence was at an all-time high.¹ ACT UP had achieved some significant gains in drug approval and access since 1988, including the parallel track program for pre-approval access to promising new treatments; the accelerated approval pathway for HIV drugs; and expedited U.S. Food and Drug Administration

(FDA) approval of several early treatment options. Still, though, available treatments for HIV infection did not durably suppress the virus, delay or prevent progression, or significantly lengthen survival.

To address this crisis, TAG focused on three priorities:

- Accelerating basic science on HIV infection to better understand how HIV destroys the immune system and how best to block it;
- Accelerating clinical trial designs that combined access with answers to expedite the discovery, development, and approval of safe, effective therapies; and
- Expanding funding for the AIDS research programs at the U.S. National Institutes of Health (NIH) and reforming NIH's AIDS research program to be more effective.

After the election of Bill Clinton in November 1992, TAG pushed for the incoming Congress and the new administration to pass sweeping reforms to the NIH AIDS research program. Senator Ted Kennedy and Representative Henry Waxman included TAG's reforms in the 1993 NIH Revitalization Act, which passed both chambers of Congress and was signed by President Clinton in June 1993. The bill strengthened NIH's Office of AIDS Research and gave it the power to move money in accordance with a prioritized scientific research agenda.

Over the next decade, the NIH budget more than doubled, with AIDS research funding rising to over \$3 billion per year.²

TAG worked relentlessly from its inception to accelerate and improve the FDA approval process for the newest two classes of anti-HIV drugs, the protease inhibitors and the non-nucleoside reverse transcriptase inhibitors. TAG played a key role in forcing the manufacturers of protease inhibitors to create more reliable study designs to prove these drugs worked. The FDA approved the protease inhibitor saquinavir in late 1995 and the breakthrough protease inhibitors ritonavir and indinavir in March 1996, ushering in the treatment revolution that has led to millions of lives saved and infections prevented.³

By 1996, advances in HIV science and clinical trials led to the approval and distribution around the country of combination antiretroviral therapy (cART), which included powerful new drugs such as protease inhibitors, taken in combination with two AZT-like drugs. With the advent of powerful triple cART, AIDS deaths in the U.S. were halved from 1995 to 1997; similar declines were seen in other high-income countries.

TAG's first eight years were focused on accelerating HIV research and treatment access in the U.S. and helped lead to the breakthrough discovery of effective cART. As the new millennium approached, however, the global dynamics of the HIV pandemic came into clearer focus, and with them the need for dramatic increases in access to effective HIV prevention and treatment in developing countries, where the vast majority of the world's 24 million people with HIV were living (and dying).⁴ ACT UP Philadelphia members fought back, forming Health Global Access Project (Health GAP) to "challenge conventional wisdom that AIDS drugs were too expensive, too difficult to administer, and too low on the priority list to afford access to people in the global South."⁵ TAG and others in the movement began conducting international treatment literacy workshops, at the invitation of partners in the Global South.

2000–2008

Mobilization for treatment access globally increased. During the Durban International AIDS Conference in July 2000, a global movement for HIV treatment access coalesced.

While the U.S. dealt with a post-election crisis from November to December 2000, TAG was in South Africa conducting massive treatment education workshops with the South African Treatment Action Campaign (TAC) in Durban, Johannesburg, and Cape Town. The South African activists were in the midst of their titanic struggle to obtain government-sponsored access to HIV treatment for the over 5 million South Africans living with HIV.

In this spirit of addressing inequities globally, TAG began working on tuberculosis (TB). This expansion of focus came in response to activist needs from Brazil to South Africa to Thailand—and in recognition of TB's position as the leading cause of illness and death for people with HIV globally. These efforts included both treatment literacy as well as high-level policy influence to close wide research gaps. Simultaneously, TAG spearheaded viral hepatitis research activism. TAG pointed out resource needs; over time, this activism led to huge breakthroughs for hepatitis C virus (HCV) and incremental advances in TB.

TAG fought pharmaceutical companies' attempts to keep global AIDS drug prices high. Working with Health GAP, TAC, and others, TAG pushed successfully for high-quality, low-cost generic HIV drugs to be made accessible worldwide through the Global Fund to Fight AIDS, Tuberculosis and Malaria starting in 2002 and through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) starting in 2003. Today, over 23 million of the world's 37.9 million people living with HIV are receiving cART.⁶

2009–2016

TAG fought tirelessly for effective new HIV prevention interventions, such as pre-exposure prophylaxis (PrEP), to be studied in all affected populations. Proof that PrEP worked led to FDA approval of Truvada (tenofovir disoproxil fumarate and emtricitabine) for PrEP in 2012.

TAG's advocacy for clinical trials to determine the most effective time to start cART led the NIH to conduct the START study, whose results—released in 2015—showed that starting cART immediately after HIV diagnosis was the most effective strategy. Alongside the HIV Prevention Trials Network 052 study showing that early HIV treatment prevented transmission of HIV to an uninfected partner by 96 percent,⁷ these studies led to a revolution in HIV treatment and prevention, with cART being recommended for all people living with HIV.

*But as our history shows,
we will not give up the fight,
and victories can be achieved
in any political climate.*

During the Obama presidency, the White House issued the first National HIV/AIDS Strategy (NHAS) for the United States. TAG was critical of the NHAS for its unambitious targets for reducing new HIV infections and increasing treatment success and viral load suppression. To prove how HIV treatment and PrEP could be used together to radically reduce new HIV infections, increase viral suppression, and save lives, TAG teamed up with Housing Works and the New York State and City Health Departments to create the New York State Ending the Epidemic (EtE) strategy, which aims to reduce new HIV infections by 75 percent from their 2010 level by the end of 2020. New York Governor Andrew Cuomo responded to community demands by detailing a plan to bring New York closer to ending the HIV epidemic.⁸ Implementing the strategy has sharply reduced new HIV infections among most

key groups, including men who have sex with men, in New York State, though further progress is required to achieve the 2020 EtE target.⁹

As New York scaled up its EtE strategy, TAG began working with partners in the hardest-hit regions of the U.S.—including the Deep South—to help community organizations, people with HIV, and health departments collaborate to develop their own local and state EtE plans and strategies.

This period saw an explosion in hepatitis C treatment options. By 2014, clinical trials were focused on injectable-free regimens of just 12 weeks, with cure rates reaching 95 percent.¹⁰ In just a few years, several of these miracle cures received FDA approval, changing HCV into an easily curable condition.

Renewed investment in TB research began to bear fruit after more than a decade. Initiated under the Bill & Melinda Gates Foundation and spurred by TAG's advocacy since the early 2000s, increases in investment were substantial, but started from a baseline of almost zero (with the exception of the investments of the U.S. government under the Centers for Disease Control and Prevention's Tuberculosis Trials Consortium). But two major advances occurred. First, the serendipitous discovery in a Janssen lab of bedaquiline, a new drug in a new class very active against TB in 2004 led eight years later to the first FDA approval of a TB drug from a novel class in five decades (though the phase II trials were inadequate to demonstrate how to use the drug in optimal combinations). GeneXpert MTB/RIF, the first rapid test to diagnose TB as well as resistance to one of the most common drugs used to treat it, entered the global market in 2010—thanks in part to early investments in the platform from the Bush administration's overreaction to anthrax scares.

2016–2020

Recent policy decisions relating to HIV and the social and economic constructs that affect it have been a roller coaster. After dismantling the Presidential Advisory Council on HIV/AIDS and trying to end the Affordable Care Act, the current administration unexpectedly picked up the HIV movement's rhetoric on ending the HIV epidemic with a State of the Union announcement of a new initiative for 57 jurisdictions. Many people who

were involved in this iteration were involved in PEPFAR, so perhaps unsurprisingly, the initiative resembles a mini-PEPFAR for the domestic context. And that's why it both offers unprecedented resources crucial to the fight and is fundamentally inadequate. As it's designed to address HIV in only 57 jurisdictions, it will not end our nation's HIV epidemic. Furthering our concern, recent policies have undermined women's health, immigrant rights, rights for LGBTQ people, and pro-access drug pricing, and will stymie this initiative.

But as our history shows, we will not give up the fight, and victories can be achieved in any political climate. We are working with partners of the Act Now: End AIDS coalition to pass enabling legislation to

This issue aims to invigorate the activist community and sensitize all political candidates to ensure that HIV and related health and social justice issues are prioritized in the lead-up to 2020 and beyond.

fully support efforts to eliminate HIV and its syndemics, including sexually transmitted infections. We know that because of long research timelines, the seeds we planted two administrations ago will keep bearing fruit, and we must be on the lookout for when an unexpected scientific advance happens to be ready to take it to scale as quickly as possible. And we have to call now for research on the many remaining questions that will propel us forward in future administrations.

Regardless of which party controls the White House, the Senate, and the House of Representatives, TAG's policy work is relentless and unflinching. As history shows, and as you'll see from this issue of TAGline, political

will to end AIDS is not about endorsing or vilifying any specific candidate. Huge advances and devastations have occurred regardless of which party holds executive office. Rather, this issue aims to invigorate the activist community and sensitize all political candidates to ensure that HIV and related health and social justice issues are prioritized in the lead-up to 2020 and beyond. [Annette Gaudino and Elizabeth Lovinger's piece](#) shows us how to build this needed community power. [Richard Jefferys](#) shows us the science that's at stake. And [Bryn Gay](#) goes deep on the need for a harm reduction approach in future administrations. [Jeremiah Johnson and Suraj Madoori](#) close with insights from leaders in the movement. We hope this issue helps mobilize activists and allies to keep our eyes on the long haul even as we fight daily in the trenches.

A luta continua!

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THIS IS NOT A DRILL: SCIENCE, SOLIDARITY AND THE 2020 ELECTIONS

By Elizabeth Lovinger and Annette Gaudino

The 2020 U.S. presidential election has seized media attention and public conversation, even though it is still about a year away. With all the buzz surrounding the candidates, their platforms, and the policies they propose, it raises the question: What is really at stake here?

What if movements to promote public health held candidates to the highest standards of this value system and continued to hold them accountable once elected— not just in times of emergency or severe need, but in the minutiae of everyday governance?

As it turns out, quite a lot. Many of the policies advanced under the current administration have halted years of progress and will determine lifetimes of health outcomes. The upcoming election may usher in a change of course for the lives and health of people living in the United States and beyond. Debates about how best to provide healthcare for those who need it will be important, as will conversations about the myriad other factors that influence health. These include such hotly contested topics as immigration, protections against discrimination, criminal justice reform, drug

policy, and access to public benefits. For example, our health insurance system's prioritization of hospital payments and pharmaceutical profits has directly contributed to infectious disease outbreaks by preventing people from receiving the basic primary and preventive care they need.^{1,2,3,4,5} Recently announced rules to restrict housing and nutrition benefits for some immigrants,⁶ known as "public charge," will worsen that trend. The failure to comprehensively address rising overdose rates and other comorbidities—emblematic of and driven by the pervasive belief that people who use drugs are less deserving of dignity and care—has led to hundreds of thousands of avoidable deaths.

Confronting the Value System Behind Oppression

These policies—and the elected officials and political appointees who promote them—are components of a value system of racism, xenophobia, classism, puritanism, misogyny, and prohibition that seeks to attack immigrants, LGBTQ people, people of color, women, and other oppressed groups. This authoritarian value system, however, is a value system that can be confronted.

What if advocates held fast to another value system, one that promotes science for the public good, evidence-based discourse, democratic governance, solidarity, and human rights? What if movements to promote public health held candidates to the highest standards of this value system and continued to hold them accountable once elected— not just in times of emergency or severe need, but in the minutiae of everyday governance? What would this look like, and how can communities realize this vision in the coming election cycle?

People Power

First, this would involve approaching health advocacy from a strategy of values and not just individual issues.

Acting in solidarity is a cornerstone of this value-based system. For example, it is tempting to address the issue of immigrants' access to public benefits by using frameworks of immigrants' innocence and productivity, and by asserting that most immigrants have no criminal record and will financially contribute to the American economy if given the chance. However, while potentially politically expedient for a narrow cause, this strategy sets back movements against mass incarceration and the criminalization of poverty, both of which are also pivotal to advancing public health. Therefore, movements and candidates must articulate platforms and policies based on values of humanity and the human rights to health, shelter, and nutrition.

This principled and unified stance has a practical benefit: It increases our numbers. Perhaps the most-documented example of intersectional organizing across disparate communities to amplify people power is the AIDS Coalition to Unleash Power (ACT UP), where people living with and affected by HIV worked across myriad issues, including those that didn't affect them directly as individuals. Lesbians contributed to the ACT UP movement, despite the rarity of HIV infection in their community. Gay men dedicated the remainder of their lives to securing HIV diagnostic criteria—and the public benefits that followed—for women with HIV. While these groups, with their disparate self-interests, struggled with one another arguably as much as they struggled with the forces perpetuating the AIDS pandemic, ACT UP was held together by shared values, not universally shared individual interests.

Communities mobilize, not diseases. This is evident in the immigrant communities galvanized by ongoing attacks; these communities have mobilized above and beyond what recent disease-specific public health campaigns have been able to achieve. While organizing for tuberculosis funding on the state level can engage perhaps dozens of people, hundreds have rallied in the New York capital in support of immigrant rights—and joining these two causes together increases the likelihood of success for both movements. Acting in solidarity across differences is a more difficult approach to advocacy—those whose immigration status, gender identity, or drug use isn't criminalized may deem broader goals a distraction from carving out narrow benefits within existing

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systems—but it is ultimately a much stronger strategy, with many more allies engaged in the fight. Simply put, acting in solidarity amplifies people power.

This solidarity must also cross borders, even when global allies cannot directly return the advocacy favor. Advocating for sound U.S. policy overseas, and for the U.S. government to hold other governments accountable, is vital for promoting human rights abroad, but also has benefits domestically. Ideally, urging the U.S. to take a more active role in ensuring that other governments uphold human rights will in turn enable stronger arguments for the U.S. to do the same.

Call to Action

Solidarity needed for detained Chinese activists: Human rights lawyers defending the rights of people living with HIV and viral hepatitis have been targeted for arbitrary arrest and detention. You can follow and support their case at <https://hepcoalition.org/news/press-releases/article/freechangsha3-wrongfully-detained-hiv-viral-hepatitis-activists>

Democratic Decision-Making

Second, though the communities most directly affected by discriminatory policies are not always well-resourced, they must be the leaders and decision-makers in value-based, democratic advocacy campaigns. For example, most candidates have proposals to address the epidemic of opioid-related overdoses across the country, but few mention the need to place people who use drugs at the center of program development and implementation. Indeed, people who use drugs are often seen primarily as passive recipients of services, even as advocates and community-based organizations advance the otherwise progressive goals of harm reduction. People who use drugs must be valued as indispensable leaders who

possess vital understanding and firsthand knowledge of how to make policies truly successful. This requires opening up space for people who use drugs to act as decision-makers—in particular as equal members on governmental task forces and in working groups—and defending them if and when they come under attack by politicians and media with a stigmatizing agenda.

Strength in Science

Third, confronting authoritarian values involves a commitment to science and evidence-based policy in every facet of organizing. This means continually working to make science accessible, as well as correct and clear in the news, as with the recent approval of pretomanid as part of a multidrug regimen for some forms of drug-resistant TB. While the general audience press uncritically hailed pretomanid as breakthrough science, TAG sought to ground the announcement in the evidence,⁷ which was more limited than headlines suggested. A commitment to science for the public good demands a critical stance and the broad sharing of specialist knowledge in plain language, by producing publications, social media engagement, and freeing knowledge from behind paywalls. We must question structures that keep scientific advances inaccessible and build sustainable alternatives for research and development and the diffusion of the resulting benefits.

A recent advocacy campaign to restore public health funding to New York City after cuts in state matching funds, known as Article 6, highlights the importance of data for action. Advocates worked with local health department staff to pull together key figures for presentation to elected officials during the annual state budget negotiation process. Wielding surveillance and case reporting data to put a human face on the cuts led to the successful restoration of over \$60 million in critical funds. Power concedes nothing without demand, and demands without data are empty pleading.

Governing with Good Values

Protecting the lives and health of communities under attack—immigrants, LGBTQ people, black people, people who use drugs, people with low incomes, and women—from direct attacks and negligence requires not only legislative and executive action but also ensuring that expert, visionary personnel with values based on

human rights and solidarity will occupy key positions in government at all levels. Elections are won and lost in part through the narratives that campaigns craft, but governance is as much about personnel as it is about policy. Therefore, the framework that movements will use to evaluate candidates and political appointees must account for the values they purport to represent, their ability to adhere to those values in the face of political and industry opposition, and the allies with whom they surround themselves.

Unless we can articulate a set of shared values—and hold our allies and elected officials accountable to these values after the elections—we risk the further erosion not only of our public health infrastructure, but also of the very means of democratic debate and implementation of public policy. We must act in solidarity with and under the leadership of affected communities. We stand at a pivotal moment in American politics; the advocacy decisions we make today will shape our ability to survive and thrive for decades to come.

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DISPATCHES FROM THE WAR ON SCIENCE

By Richard Jeffreys

Before the current president's inauguration, his embrace of extreme right-wing ideology and his tenuous relationship with truth, facts, and evidence—not to mention reality generally—were already well known, and this raised justifiable fears about how the incoming administration would approach the pursuit of science.

Warning signs appeared during the transition to this administration, when reports emerged that they were planning to establish a commission on vaccine safety led by a promoter of anti-vaccine misinformation and conspiracy theories. Only the widespread outrage generated by the news stymied the plan.

This early skirmish augured a pattern that is playing out repeatedly: The administration proposes or initiates policies aiming to devalue, undermine or damage scientific research and then advocates fight back, with varying degrees of success (see the Union of Concerned Scientists report on the first two years of the administration for a review of its many anti-science activities¹).

High-profile examples include support for climate change denialism and the associated withdrawal from the Paris Climate Agreement, married with Orwellian efforts to scrub references to the issue from federal agency websites and other materials. Environmental protections are being rolled back without scientific basis.

The president's egregious ban on travel to the U.S. from several predominantly Muslim countries has affected scientists, some of whom found themselves unable to enter the country to take up appointments at U.S. research institutions. Foreign scientists have also been targeted due to paranoid espionage fears, with reports of people being ejected from the National Institutes of Health (NIH) campus for no valid reason² (NIH Director Francis Collins subsequently apologized for what he called "mishandled" security³).

Of direct relevance to HIV, hepatitis C virus (HCV), and tuberculosis (TB) research, the administration has proposed reducing funding for the NIH in every budget it has produced to date. Most recently, the White House submitted a FY2020 budget cutting HIV research by 13.9%, with the largest decrease, 16.4%, reserved for the relatively small cure research funding line. At around the same time, the current occupant of the White House was proudly tweeting news about two people who were possibly cured of HIV infection by stem cell transplants, as if he were due some credit.

In fact, the research related to the new HIV cure cases occurred in Europe and received significant funding from the U.S.-based nonprofit organization amfAR. Yet amfAR and other science-supporting charities will almost certainly be hurt by another destructive administration intervention: the change to the tax code to eliminate deductions for charitable donations.

HIV research has also been hit by a recent administration move to reject long-established scientific processes in favor of the priorities of anti-abortion ideologues. There is a long history of the use of fetal tissue in scientific research, which occurs within a rigorous ethical framework. Of particular importance to HIV treatment, cure, and prevention research, transplantation of fetal cells is the best approach for creating mice with immune systems made up of human cells (humanized mice). Because HIV cannot infect mouse cells, humanized mice represent the only small-animal model for evaluating candidate interventions.⁴

Research involving fetal tissue is now banned at the NIH, and any funding for external scientists is subject to a new review process that is likely to curtail most, if not all, further studies in the U.S. Funding to some existing grantees has already been stopped, ending ongoing projects, including work related to developing an HIV cure.

The Guardian | 26 JULY 2019

War on science: Trump administration muzzles climate experts, critics say

NATURE • 26 JUNE 2017

Scientists in limbo as US Supreme Court allows modified travel ban

The Washington Post | APRIL 3, 2019

NIH police yank Iranian graduate student from lab as agency clamps down on security

NATURE • 11 MARCH 2019

Trump seeks big cuts to science funding—again

NATURE • 17 JANUARY 2017

Trump's vaccine-commission idea is biased and dangerous

The Washington Post | JUNE 5, 2019

New restriction on fetal tissue research 'was the president's decision'

STAT+ | DECEMBER 9 2018

HIV research halted after NIH freezes acquisition of fetal tissue

The administration's attempts to reduce and interfere with research funding come at a time of major advances on multiple fronts. The HIV field has been transformed by the advent of treatment as prevention, undetectable=untransmittable (U=U), and pre-exposure prophylaxis (PrEP). In HCV, the advent of direct-acting antivirals has largely consigned unwieldy and often toxic interferon-based regimens to history. TB, a disease for which decades saw almost no biomedical innovation, finally has new prevention and treatment options and promising vaccine candidates.

These advances are opportunities to build on—not a reason to defund and derail research.

Thankfully, the U.S. House of Representatives has rejected the administration's proposed FY2020 NIH funding cuts, replacing them with increases and even inserting language requiring that HIV research support grow by the same proportion as the overall NIH budget. The latest draft Senate FY2020 budget language also significantly increases NIH funding levels and HIV programming, but the bill has been delayed by ongoing debates over abortion rights, family planning, and the so-called Mexico City gag rule preventing U.S. funding for international health programs that inform people about reproductive health.

As we move toward the 2020 election, it's vital to call on all candidates—including the incumbent—to reject all anti-science machinations and prioritize support for scientific research and evidence-based policies.

* After this article went to press, the National Task Force on Rule of Law and Democracy issued a report on curbing political interference in government science, available online at: <https://www.brennancenter.org/our-work/policy-solutions/proposals-reform-volume-ii-national-task-force-rule-law-democracy>

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LOVE TRUMPS HATE:

Building People Power and Reshaping Political Struggles Toward Harm Reduction, Humanity, and Hope

By Bryn Gay

Harm reduction is essential life-saving healthcare for people who use drugs, some of the most stigmatized and marginalized people in the world. It is also part of a social justice movement calling for drug decriminalization and has been gaining acceptance as part of efforts to confront the failures and harms of the war on drugs. But harm reduction principles are useful far beyond the context of drug use; these ideas can underpin a broadly applied framework aimed at reducing harms of the current administration's anti-health, death-dealing policies, such as approval of state requirements that people work to receive Medicaid benefits and efforts to repeal the Affordable Care Act. These harmful policies reduce healthcare access; dismantle gains in combating HIV, hepatitis C, and tuberculosis; undermine the response to the opioid epidemic; and violate the human rights and threaten the health of immigrants. Candidates on the campaign trail should embrace harm-reduction principles and put forward a comprehensive public health response to the opioid and overdose crises in their political platforms. This will rebuild trust in our democratic system and signal that health is a nonnegotiable human right for everybody.

Harm reduction principles benefit everyone, regardless of where someone is on the political spectrum. Many of the values and policies of the current administration, such as cutting corporate taxes and regulations, feed on the deindustrialization, disenfranchisement, and debt economy affecting its political base—people who are largely disillusioned with democratic processes and policymakers that do little to represent their needs. These policies move us closer to an era of neoliberal fascism in that they cater to corporate interests and expand the military-surveillance and private prison/detention industries, rather than respond to the economic, education, housing, health, and other social needs of the people most left behind. Building people power and reshaping political struggles toward harm reduction and compassion for humanity are required to ameliorate the current realities under late-stage capitalism:

the organization of our economy characterized by supersized corporate power, automation, and wage stagnation, which contribute to stark inequalities and the shrinking middle class (see [Madoori and Johnson](#), page 13). These malcontent conditions can also incubate white supremacist ideologies, which are used to weaponize the administration's base against immigrants and communities of color.

The opioid and overdose syndemic, however, knows no borders: It cuts across racial, ethnic, economic, education, and employment status demographics. Yet race and class are fundamentally intertwined with the syndemic, and they underpin our current political crises. Public attention to the opioid epidemic increased as it hit white, middle-class, suburban communities, which may have had disproportionate access to the healthcare system and thus to opioid prescriptions. By comparison, other drug epidemics, such as meth use in lower-income, rural communities and crack cocaine use in urban communities of color, have been met with more anti-drug, punitive approaches. This is a critical time to push for a harm-reduction framework in our approach to the syndemic—and doing so will also help center the most affected communities as we combat HIV, viral hepatitis, and tuberculosis.

Harm Reduction Is Life-Saving Healthcare

We need to break down stereotypes, stigma, and discrimination to build compassion for every loved one who has struggled with substance-use disorders and for every grieving family. Harm-reduction principles can help in this healing process at interpersonal and institutional levels. They comprise values and practices that center the most vulnerable, stigmatized, and marginalized people and work to protect the rights of people who use drugs:

- **Health and dignity:** Drug use is inevitable, and we need to meet people where they are with respect and dignity. Some methods of drug use can

be safer than others, and abstinence is not the only way to address substance use.

- **Participant-centered services:** Services should be nonjudgmental, voluntary, and with easy access. Options should be offered so that services can be adapted according to participants' needs.
- **Participant involvement:** People who use drugs should design and drive harm-reduction programs and policies according to their community and contextual needs.
- **Participant autonomy:** People who use drugs are their own experts and have the control in reducing the harms of drug use. Exchanging information and providing support can be sources of empowerment.
- **Addressing structural violence and social determinants of health:** Poverty, institutional racism, criminalization of drug use, and housing and food instability are some of the factors that affect how people can cope with the harms of drug use.
- **Pragmatism:** Drugs are part of our world, and there are real risks to drug use. We need prudence, evidence-based policies to monitor the syndemic and enact effective and responsive changes.

'They Talk, We Die!' Current Funding and Policy Initiatives Don't Measure Up

Unfortunately, candidates from both dominant political parties largely fall short, in national debates and along the campaign trail, because they fail to address the magnitude of the syndemic. This crisis has touched nearly every corner of the U.S. Overdoses are the No. 1 killer for Americans under 50, killing roughly 70,000 people each year and reducing U.S. life expectancy by four months. They are killing more people than HIV/AIDS did at its peak, and overdoses currently kill more people than all infectious diseases in the U.S. combined.

The Trump administration's 2018 initiative committed \$3 billion each year to the epidemic; funds are mostly earmarked for rehabilitation treatment centers, law enforcement, and the criminal justice system. There are some positive features: in 2018, approximately \$500 million was allocated to the National Institutes

of Health for opioid use disorder research, and \$415 million went toward expanding access to medication-assisted treatment (MAT) in rural and underserved areas. However, the Government Accountability Office further shows how current initiatives are inadequate: While the administration has lifted regulations to help expedite states' access to MAT, more systemic approaches—such as expanding telehealth services in rural areas for substance-use disorders—are missing.

Current legislative initiatives are steps in the right direction, but we need to go further. One piece of legislation, the SUPPORT for Patients and Communities Act, passed in October 2018, increased access to MAT and the overdose-reversal medication naloxone and focused on curbing the overprescription of opioids and illicit drug supplies. By contrast, the Comprehensive Addiction Resources Emergency (CARE) Act, introduced in May and still pending, resembles the Ryan White Comprehensive AIDS Resources Emergency Act—the largest federal funding for tackling HIV. The CARE Act would dedicate \$100 billion of federal funding over 10 years to address the syndemic.

Building Power with Affected Communities and People with Lived Experience

It's clear that more comprehensive, sustainably funded, harm-reduction-oriented measures are needed to tackle the crises. And it's crucial to remember that these intersect with responses to the HIV and hepatitis C virus epidemics (see [Lovinger and Gaudino](#), page 6).

These efforts should begin with those affected by the epidemics. For example, worldwide drug user networks have the following demands, laid out in a joint statement in August on International Overdose Awareness Day:*

1. *Declare the overdose epidemic a public health emergency and allocate the necessary resources to tackling overdose deaths;*
2. *Introduce/ensure the safe supply of legal, pharmaceutical-grade drugs based on each person's substance of choice;*
3. *Provide support for drug consumption rooms/spaces so that people who use drugs can use safely and securely. These spaces should be located and run in ways that are accessible and community-centered;*

CENTERING INTERSECTIONAL MOVEMENT BUILDING IN 2020 ELECTION HIV ADVOCACY: GUIDANCE FROM MOVEMENT LEADERS

By Suraj Madoori and Jeremiah Johnson

“So, if I’m dying from anything, I’m dying from homophobia. If I’m dying from anything, I’m dying from racism. If I’m dying from anything, it’s from indifference and red tape, because these are the things that are preventing an end to this crisis [...] If I’m dying from anything, I’m dying from the president of the United States. And, especially, if I’m dying from anything, I’m dying from the sensationalism of newspapers and magazines and television shows, which are interested in me, as a human interest story – only as long as I’m willing to be a helpless victim, but not if I’m fighting for my life.”

– Vito Russo, ACT UP ¹

The 2016 election was a wake-up call for our communities, a time when we saw that a racist, anti-queer, anti-health platform could win the U.S. presidency. Three years later, many of us are still asking, “How did we get here?” Heading toward the 2020 election, we find ourselves desperately looking for meaningful policy change and engaging all presidential candidates, hoping that, having fought the good fight, we will be rewarded with a reprieve from the resurgence of oppression. The history of our movement has proven time and again that we can overcome seemingly insurmountable political conditions (see [Lessem and Harrington’s editorial](#), page 2).

But nothing is guaranteed unless we fight for it. We must view 2020 as a strategic opportunity to engage all candidates, expand community mobilization, and strengthen the HIV movement base. Here, we speak with

some of our HIV activist role models who are working at the intersection of HIV and the broader social justice movement. Our goal is to understand their priorities and tactics to answer this question: how should we as a community mobilize ahead of the 2020 election?

Centering Racial, Transgender, and Healthcare Justice in Our Movement

*He had fallen,
and the passing ceremonies
marking his death
did not stop the war.*

– Essex Hemphill ²

An excerpt from the poem “When my brother fell” by Essex Hemphill, a black gay poet and activist who died of AIDS-related complications, reminds us that vulnerable communities of color and LGBTQ people are often the invisible victims of racist, discriminatory policies. Essex dedicates the poem to Joseph Beam, a fellow writer and black gay man who also died of AIDS-related complications. The poem reminds us that the loss of black gay men’s lives during the AIDS epidemic in 1980s was not enough to end the war on their bodies. The marginalization and racist policies aimed at black gay men and other vulnerable communities of color continue today.

We must bring an end to this war. The past three years of intensified attacks on communities of color, transgender people, people who use drugs, and immigrants have

threatened the HIV movement on multiple policy fronts. We have fought back, with activists placing their bodies on the line in Congress to block the dismantling of the Affordable Care Act and blocking rush-hour traffic in New York City to protest expanding a rule to jeopardize the ability of immigrants who access public services to enter and stay in the U.S.^{3,4}

This year's announcement of a federal initiative to end the U.S. HIV epidemic by 2030 poses new opportunities and challenges for our movement.⁵ "We have to make sure that we're going to continue to have the Ending the HIV Epidemic plan, but expand it to make sure it reaches all communities, including individuals in U.S. Immigration and Customs Enforcement detention centers," said Arianna Lint, CEO of Arianna's Center and East Coast Board Co-Chair of the TransLatin@ Coalition.⁶ "We want to see the candidates talking about HIV and how they're going to be working with all communities—ensuring translated agencies have everything they need to lead and be at the table."

HIV and immigration activist Marco Castro-Bojorquez of HIV Racial Justice Now says there is inherent tension in trying to engage with the presidential administration to secure resources while fighting discriminatory policy initiatives and injustices: "It is extremely ridiculous that this government wants to end HIV but also is trying to take away healthcare. How are you going to achieve the end of the epidemic *without* healthcare?"⁷ Marco cautions that the wedge created by this contradiction can further divide the movement, weakening our ability to work together. We must combat this with a proactive, intersectional approach to building power.

Intersectional Movement Building

*Power concedes nothing without a demand.
It never did and it never will.*

– Frederick Douglass⁸

Building power, as Frederick Douglass unapologetically and eloquently stated in the 1800s, is necessary to ensure that marginalized communities are taken seriously. Our community must use tactics to shape power dynamics as we demand what is necessary to end the HIV epidemic

(see [Gaudino and Lovinger](#), page 6). To amass power to achieve our aims, we cannot remain narrowly focused on HIV-specific work and initiatives. Marco names the immigration, racial justice, and women's rights and reproductive justice movements as important partners in HIV advocacy, in keeping with the HIV Racial Justice Now coalition's founding document, *A Declaration of Liberation: Building a Racially Just and Strategic Domestic HIV Movement*.⁹

Broadening the HIV movement to address a larger set of social and health issues is strategic, as presidential candidates' platforms increasingly recognize the impact of racial inequity and socioeconomic disparities. This requires listening, extrapolating core values among movements, sharing effective tactics, and creating strategic alliances to generate long-term wins for interlocking issues and communities.

Matthew Rose, director of U.S. Policy and Advocacy for Health GAP, offers intersectionality as a solution to sustain activism capacity into 2020 amid administration policies that are an "assault on many vital priorities."¹⁰ He notes that Health GAP has "used this moment to reach outward and deepen our coalition work. We are having the discussions about how we can draw new lines of integration and find new ways to make space for other causes that overlap with our own." This strategy is encompassed by Health GAP's bold new initiative in End Pandemics 2020, integrating infectious diseases and climate change as intertwined, urgent issues and targeting presidential candidates on their policy positions to address both. Merging HIV into the increasingly galvanized environmental justice movement strengthens the HIV movement by bringing in new allies with the shared goal of creating a healthier world.

The TransLatin@ Coalition also has collaborations in the works. "Our members have been working to build a relationship with the National Latina Institute [for Reproductive Health]," Arianna said. She noted that this effort "helps us to share resources, elevate local needs to a national level, and ensure we have representation in broader movements. It also benefits the broader movement; transgender leaders are doing amazing work and building networks."

Acting Up in 2020

“We’re so busy putting out fires right now, that we don’t have the time to talk to each other and strategize and plan for the next wave, and the next day, and next month and the next week and the next year. And, we’re going to have to find the time to do that in the next few months. And, we have to commit ourselves to doing that. And then, after we kick the shit out of this disease, we’re all going to be alive to kick the shit out of this system, so that this never happens again.”

–Vito Russo, ACT UP¹¹

2020 represents a chance to change the system, and we must take advantage of that to favorably position the HIV movement well beyond the elections, with a specific focus on intersectionality. Community advocates started the process with the 2018 release of *Ending the HIV Epidemic in the United States: A Roadmap for Federal Action* from Act Now: End AIDS, a document that built and communicates to policymakers the community consensus on a range of policies. In our conversations with activists, we draw a few lessons on how to incorporate intersectionality into our advocacy strategies to ensure that these priority policies become a reality:

- **Think macro:** Taking a step back and viewing HIV through the lens of overlapping oppressions allows us to identify new allies, tactics, and ways to frame HIV as an issue of human rights and social justice. These frames help us shape the public agenda and influence the policy debates, including HIV in discussions of universal healthcare, housing, poverty reduction, criminalization, drug pricing, and immigration.
- **Gather data:** Intersectionality demands the inclusion and leadership of marginalized communities, so we must ask: who is missing? This means data that justify and drive policymaking must count historically excluded communities, such as transgender and gender-nonconforming people. Ensuring the inclusion of such communities in data will allow for targeted policymaking in 2020 to address issues that affect HIV vulnerability, such as mental health and housing.
- **Take inventory:** As Matthew advises, “these efforts will also take introspection about where

we can be useful and what our capabilities are in any given moment.” We must leverage our unique capabilities and connections—and repair weaknesses. For example, HIV has long been a bipartisan issue in Congress; our years of engaging on both sides of the aisle position us well to open doors for other movements in 2020. Also, who is leading our movement? Are we ensuring that our organizations and our boards include and represent the communities we purport to serve?

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Continued from page 12

4. *Ensure that naloxone is widely available and easy to access. Community-distributed naloxone programs are most likely to be successful because they are best placed to reach people who use drugs.*
5. *Advocate for the decriminalization of drugs and people who use drugs, as well as intersectional and allied criminalized populations, such as sex worker and LGBTQ communities; and further examine and rectify the ways the war on drugs has been used to disproportionately criminalize marginalized groups such as people of color, poor people, and/or queer and trans people*
6. *Meaningfully include the leadership of people who use drugs in the design, implementation, and monitoring and evaluation of policies, research and programs."*

Centering evidence-based, harm-reduction policies and the demands of people who use drugs would show that a candidate running for office prioritizes the health, rights, and dignity of this community. It is past time for a shift in rhetoric and policy that will help the healing process from the damage done by the current administration and the harmful policies under the war on drugs.

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For full references, please see [Love Trumps Hate](#)

SUPPORT TAG

TAG needs your support, now more than ever, in this challenging political climate. Your generous funding helps fight for better treatment, prevention, vaccine and a cure for HIV, tuberculosis and hepatitis C virus.

No gift is too small to help end these epidemics.

Contribute to TAG today: treatmentactiongroup.org/support

ABOUT TAG

Treatment Action Group (TAG) is an independent, activist and community-based research and policy think tank fighting for better treatment, prevention, a vaccine, and a cure for HIV, tuberculosis, and hepatitis C virus.

TAG works to ensure that all people with HIV, TB, or HCV receive lifesaving treatment, care, and information. We are science-based treatment activists working to expand and accelerate vital research and effective community engagement with research and policy institutions. TAG catalyzes open collective action by all affected communities, scientists, and policy makers to end HIV, TB, and HCV.



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Dorrit Walsh

Treatment Action Group

90 Broad St, Suite 2503

New York, NY 10004

Tel 212.253.7922

Fax 212.253.7923

tag@treatmentactiongroup.org

www.treatmentactiongroup.org

TAG is a nonprofit, tax-exempt 501(c)(3) organization. EIN 13-3624785