



COVID-19 AND AIDS – THE SIMILARITIES ARE ALL TOO EERIE, BUT WILL THE OUTCOMES BE?

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We are running headlong into the second wave of COVID-19, and unlike the first wave we experienced through April of 2020, there is not a corner of the United States that isn't impacted. The virus is pushing our healthcare systems across this country to the brink and community spread is higher than anyone has ever seen. The most infuriating part of this whole year is that I keep thinking about how this could have been prevented and how much this time harkens back to the AIDS epidemic in the 1980s and 1990s. Today, just as then, a distorted reality is literally killing people.

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At first glance, it might be difficult to draw parallels between one disease that spreads through the air and another that is spread through direct contact with specific bodily fluids. Yet, while there are clear differences, there are definitely similarities. First, they both have been public health failures from their onsets¹, shrouded in conspiracy theories², and conjecture, which is both frustrating and eerie. Second, they both have had multi-faceted impacts on our ways of life, with COVID-19's full impact yet to be fully realized. Third, just as with AIDS3, COVID-19 can be spread by people who are asymptomatic4. To be forthright, there are also clear differences between the HIV/AIDS epidemic and the COVID-19 pandemic. There was a sustained moral panic around HIV/AIDS that self-limited governments from really addressing clearly what was impacting communities, that doesn't quite exist with COVID-195. Another difference is in those instances where COVID-19 proves fatal, death comes quicker. The speed which COVID-19 has spread around the world and within communities is much faster. All of this means the 'response' and reaction to COVID-19 has been much faster than it ever was with HIV/AIDS.

In the 1980s I had freshly moved to New York to work on Wall Street, where like many of my peers, I was in the closet professionally but out socially. It was post-Stonewall New York, where being gay was not as accepted as it is today, but it was tolerated. Gay men could more openly have relations, and places like bathhouses were open and thriving. Towards the end of the 1970s and into the early 1980s there were whispers of a 'gay cancer' that was killing gay men. Friends of mine were getting ill with multiple illnesses at the same time and we didn't understand what was going on. I often saw warnings posted in newspapers and in flyers scattered around the city windows and lampposts. Citizens were obviously worried, but the government didn't seem

to echo this worry until much later.6

Singling Out Communities

The US Government at the time had terrible messaging around HIV and AIDS; it took 12,000 deaths, including the death of Rock Hudson, for the Reagan Administration to publicly mention that it was a public health priority on September 17, 1985⁷. Initially it was incorrectly thought to have been spread only through sexual contact among gay men because at first, it only seemed to be appearing within the gay community. When infection rates began to increase in other populations, the U.S. Centers for Disease Control and Prevention again stumbled, highlighting in the risk groups as the 4Hs – Homosexuals, Hemophiliacs, Haitians, and Heroin users⁸. This created an incredible stigma and hostility towards members of those communities and those thought to be affiliated.

In the case of COVID-19, President Trump utilized his classic scapegoating approach to addressing problems by blaming the virus on the Chinese, calling it the "China Virus", as the first discovered case was in Wuhan, China9. This has led to an increase in racial violence against members of the Asian community here in the U.S.¹º Soon though, as the COVID-19 hot spots arose in New York and Washington, President Trump and his acolytes quickly expanded ostracization to "Blue States", or states where Democrats were in the majority in the government.¹¹

In both cases of HIV/AIDS and COVID-19, select leaders within the Evangelical Christian movement have used their bully pulpit to proclaim that these viruses are punishment for individuals' sinful

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- ²Gallo, Robert C. "A Reflection on HIV/AIDS Research after 25 Years." Retrovirology, BioMed Central, 20 Oct. 2006, www.ncbi.nlm.nih.gov/pmc/articles/PMC1629027/.
- 3 "Symptoms and Stages of HIV Infection." Avert, 3 July 2020, www.avert.org/about-hiv-aids/symptoms-stages.
- 4"Scientific Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 20 Nov. 2020, www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html.
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- ⁶Altman, Lawrence K. "The Cause of the Outbreak Is Unknown'." The New York Times, The New York Times, 3 July 2001, www.nytimes.com/2001/07/03/science/the-doctor-s-world-the-cause-of-the-outbreak-is-unknown.html.
- ⁷Bennington-Castro, Joseph. "How AIDS Remained an Unspoken-But Deadly-Epidemic for Years." History.com, A&E Television Networks, 1 June 2020, www.history.com/news/aids-epidemic-ronald-reagan.
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- ¹⁰ "COVID-19 Fueling Anti-Asian Racism and Xenophobia Worldwide." Human Rights Watch, 28 Oct. 2020, www.hrw.org/news/2020/05/12/COVID-19-fueling-anti-asian-racism-and-xenophobia-worldwide.
- ¹² Stieb, Matt. "Trump's Disregard for Blue States Is at the Heart of His Shoddy COVID Response." Intelligencer, Intelligencer, 31 July 2020, nymag.com/intelligencer/2020/07/trumps-war-on-blue-states-is-worse-than-previously-thought.html.



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actions,¹² and those of a society as a whole. For HIV/AIDS, that influence of the Christian right on the Reagan Administration significantly slowed down the government's ability to respond to the spread of HIV/AIDS. In the case of COVID-19, it has provided false pretenses for continued religious gatherings which have had deadly consequences for both leaders and those that follow them.¹³

Both COVID-19 and HIV can be spread by individuals who are asymptomatic and seemingly healthy.



Lack of Clear Public Health Communications

Both COVID-19 and HIV can be spread by individuals who are asymptomatic ¹⁴ and seemingly healthy. The challenge facing public health officials with new infectious diseases is getting out the most accurate information as quickly as possible on how to prevent transmission of the disease. The broader public however is not conditioned to understand that as we learn more about these novel diseases, the directives will change. It sows mistrust and questioning and creates fertile ground for false narratives on who is at risk, what they are at risk of, and what actions are risky.

Presently, one of the biggest challenges facing the United States, and more broadly around the globe, is overcoming the narrative pushed by President Trump and others that COVID-19 is a hoax¹⁵ and something that would disappear after the 2020 election. This false claim leads to dire and fatal consequences as the message originates from individuals with the most authority and power in the world; we have been conditioned to believe and trust authority. The Trump Administration and its acolytes have

pushed aside the scientific community, and at times outright contradicted them to the detriment of far too many.

During the HIV/AIDS crisis, the discovery process of the virus and the effects it had on the human body was much slower, which led to a similar, but equally slower, tumult of misinformation and denialism. For the impacted communities, this virus was no less deadly. To add fuel to the fire, there were rampant fears and rumors in the gay¹⁶ and African American¹⁷ communities that HIV/AIDS was developed in a lab aimed at the impacting their communities, which for decades had been marginalized¹⁸ and harmed, especially when it came to public health.

Dying and Grieving Alone

One of the cruelest similarities between HIV/AIDS and COVID-19 is that the majority of those who died early on the in emergence of these diseases, died alone. During the HIV/AIDS crisis, because a gay patient's immediate family and the hospital oftentimes did not acknowledge the legitimacy or existence of the patient's life partner, the partner was often excluded from being near their loved one during their final days of life. HIV/AIDS often was, until the late 1990s, a 'dirty secret' in a family; the infected family member didn't die of AIDS, instead they died of pneumonia or cancer. The disease was shrouded in shame.

Likewise, COVID-19 is so infectious, family members are not allowed in hospitals to be with their loved ones. So, if there is time for a goodbye, they are often virtual or over the phone. Patients are dying alone in hospitals.

The rituals of grieving have also been disrupted. For many in the gay community, partners and close friends of the deceased would outright be excluded from the collective process of grieving or not acknowledged for the role they played in the person's life. With COVID-19, the mere gathering to grieve collectively is in itself a high-risk situation. Funerals and other grieving rituals have either been postponed, canceled, or intentionally small in attendance. In all situations, those who are grieving lack closure and the togetherness needed to feel comforted.

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¹⁴Symptoms and Stages of HIV Infection." Avert, 3 July 2020, <u>www.avert.org/about-hiv-aids/symptoms-stages</u>.

¹⁵Egan, Lauren. "Trump Calls Coronavirus Democrats' 'New Hoax'." NBCNews.com, NBCUniversal News Group, 29 Feb. 2020, www.nbcnews.com/politics/donald-trump/trump-calls-coronavirus-democrats-new-hoax-n1145721.

¹⁶Heller, Jacob. "Rumors and Realities: Making Sense of HIV/AIDS Conspiracy Narratives and Contemporary Legends." American Journal of Public Health, American Public Health Association, Jan. 2015, www.ncbi.nlm.nih.gov/pmc/articles/PMC4265931/.

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Lasting Impacts

HIV/AIDS has radically reshaped the lives of people in my generation who experienced the first wave of the virus and has lasting impacts for our society as a whole. It decimated longstanding friendships, families, and romantic relationships. I lost dear friends who didn't get the chance to live a long, healthy life and experience life's precious milestones. The sorrow I, and the families affected feel for lives lost to the vicious virus of HIV will never subside.

Like every tragedy in history, there were positive outcomes. AIDS forever changed the generations that followed. Bluntly, the generations that followed mine now have frank conversations about sex, and why and how to have safe sex19. Larry Kramer's organization Act Up and the Gay Men's Health Crisis rewrote the book on patient advocacy, creating an effective road map for other organizations focused on other diseases from breast cancer to ALS. The AIDS crisis also shifted how we view charitable giving. We now understand that awareness building, in conjunction with fundraising, is an important step towards making change. AIDS spurred on the development of wrap-around care and medical homes, where a broad scope of interlinked healthcare services are centrally located, in lieu of sending patients all over the community to get critical care. The funding of public healthcare initiatives, including our response to COVID-19, can be traced back to infrastructure designed in response to the AIDS epidemic.20

COVID-19 in the short term, has reshaped how many of us live day to day, from the way we work, learn, and have fun. This pandemic has illuminated which jobs in our country are essential; we have a better appreciation for those working in frontline healthcare, retail, public safety roles, factories, and the fields producing the goods we need to survive. We have an improved understanding of the inequities that face these workers deemed essential yet treated as if they are disposable. It has put in stark relief which communities bear the brunt of the risk of being infected. Far too often, they have been communities of color, immigrants, and indigenous populations. It's these communities that are chronically underserved and underwhelmed with opportunities for socioeconomic mobility, that are showing to be the fabric that's holding us together.

If the COVID-19 pandemic has crystalized so many of the inequities that have underpinned our society for far too long, it also presents an opportunity for us to address them head on, as engaged stakeholders in our communities, country, and globe. Just with the cataclysmic multifaceted change that AIDS had on our society, COVID-19 presents that same opportunity. It provides an entree to step back and question what we thought was true and think about what actually needs to be done. It will surely spur on existing efforts, but there must be hope in this difficult, dark hour that we will be able foster systemic changes to make our response to the next pandemic more timely and effective.

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¹⁹Hunt, Dennis. "TLC: Condom Fashions Are a Political Statement." Los Angeles Times, Los Angeles Times, 26 Apr. 1992, www.latimes.com/archives/la-xpm-1992-04-26-ca-1225-story.html.

²⁰Steinhauer, Jennifer. "A New York Vastly Altered by AIDS." The New York Times, The New York Times, 4 June 2001, www.nytimes.com/2001/06/04/nyregion/a-new-york-vastly-altered-by-aids.html.