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COVID-19: Health, Advocacy, Gender, and HIV

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Overview

Coronavirus disease 2019, or COVID-19, is a health condition caused by a respiratory virus called SARS-CoV-2. The virus can spread (be transmitted) quickly, especially when no prevention method is in place. More than 7 million people worldwide have died of COVID-19 as of this writing.

The first cases of the novel respiratory virus emerged in Wuhan, Hubei province, China, in mid-

December 2019, and the first US case was confirmed in late January 2020. By April 2020, the world had “shut down,” with travel across borders severely limited, businesses and institutions such as schools ceasing in-person operations, and most individuals who were not “essential workers” encouraged or ordered to stay home. Prevention methods such as wearing protective masks, social distancing, frequent hand-washing, and use of hand sanitizer became widespread.

Within a little over three months after the first case reports, more than 1 million people across the world had had COVID-19. However, this only included confirmed cases, likely undercounting the actual numbers. By late September 2020, more than 1 million people globally had died from COVID-19.

In record time, the virus’ genetic sequence was established, and tests, and ultimately vaccines, were developed. The first diagnostic test for the SARS-CoV-2 virus was approved in the US in early February 2020, and an at-home test became available in August 2020. Vaccine trials began in mid-March 2020 and the US approved the first COVID-19 vaccine in December 2020.

As we enter the fourth year of the pandemic, COVID-19 is still around. However, almost all measures to prevent its spread, such as masking requirements, stay-at-home orders, or mandatory vaccinations, have ended. Just like the flu, one can acquire the respiratory virus more than once. Multiple infections can cause long-term health issues. However, vaccinations and booster shots can help lessen the effects of the virus.

COVID-19 Health Concerns

SARS-CoV-2 is transmitted through droplets in the breath that enter someone else’s eyes, nose or mouth, or are breathed in. People do not need to have symptoms to pass on the virus.

As with all viruses, SARS-CoV-2 has changed over time. Some of the changes make little difference to how easily the variant (different form of the virus) spreads or how sick most people might get. Other changes more directly affect how the virus behaves among people. Some virus variants cause more severe illness than others. Even with the same variant, some people have worse symptoms than others.

Many symptoms are similar to those of an allergic reaction, a bad cold, or the flu. You can get at-home COVID-19 tests at most pharmacies, or have the government mail you some, if you live in the US. If you have any of the symptoms below and think you may have been exposed to the virus that causes COVID-19, test yourself.

Symptoms appear two to 14 days after exposure and may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

While some people may feel only moderately sick and get through the infection on their own, others may need to see a medical provider, or even be hospitalized. If you experience any of the symptoms below, get emergency care:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake up or stay awake
- Depending on skin tone, pale, gray or blue-colored skin, lips, or nail beds

Studies have shown that women are more likely to acquire the virus, but that COVID-19 disease tends to be more severe in men. While there are some biological reasons, much of the discrepancy is related to social factors: women are more likely to be in customer-facing jobs deemed essential early in the pandemic, such as supermarket cashiers; while men are more likely to smoke, one of the risk factors for worse outcomes.

Older people and those with certain medical conditions are at greater risk of developing serious complications from COVID-19. These conditions include:

- Cancer
- Chronic kidney or liver disease
- Cardiovascular disease
- Diabetes
- Obesity
- Pregnancy
- Smoking

HIV itself increases the risk of severe COVID-19 disease but more so **if HIV is not well controlled**. In people living with HIV who have low viral loads and high CD4 cell counts, COVID-19 outcomes seem similar to people not living with HIV. That said, some of the conditions that increase the risk of severe disease from the respiratory virus, such as chronic kidney disease and smoking, are more common among people living with HIV than in the general population. Further, research is beginning to show a connection between living with HIV and the persistent symptoms of long COVID (discussed below).

COVID-19 and Women

Globally, 70 percent of health and social care workers are women. Many of them cared for people who had SARS-CoV-2, and protective equipment – where it existed at all – was often sized for men. This increased women’s vulnerability to the novel virus. For example, in Spain in April 2020, 76 percent of healthcare workers with COVID-19 were women.

Even before the pandemic, women performed the majority of unpaid care and domestic work. School closures and other pandemic-related shutdowns, as well as overstretched healthcare systems, only increased that burden. Lack of childcare and inability to convert their jobs to working from home forced some women to drop out of the workforce. Others lost their jobs when the businesses they worked for shut their doors for good.

Many of the jobs that cannot be done from home, such as cleaning offices, are disproportionately performed by women for low wages. Low incomes before the pandemic meant little, if any, savings once this work was no longer required. In the US, available government aid often required online application processes with lengthy delays in getting the money. It also did not reach everyone who needed it – such as people without immigration documents.

Between job losses and general lockdown orders, numerous women worldwide were stuck with partners who were already abusive – or became abusive. Some people took their stress from worries about the novel virus, lack of income, and forced togetherness out on their partners. Contacts with the US National Domestic Violence Hotline surged to unprecedented levels and several local police departments reported a 10 to 27 percent increase in domestic violence calls during stay-at-home

orders.

COVID-19 Vaccines and Treatments

Medication

Most people are able to recover from COVID-19 at home, and relieve their symptoms using over-the-counter medications. If you are part of a group that is more likely to become severely ill from COVID-19, prescription treatments are available that can help lower the likelihood of being hospitalized or dying if you acquire the disease.

Groups most vulnerable to severe COVID-19 include:

- Adults 50 and over (vulnerability increases with age)
- People who have not been vaccinated or have not had boosters
- People whose immune systems are weakened
- People with conditions listed in the “Health Concerns” section above
- People living with HIV

Even if you just have mild symptoms, ask your pharmacist or healthcare provider about COVID-19 medications – and do so quickly, as treatment must start within five to seven days after symptoms appear.

Though being vaccinated lowers your likelihood of getting very sick, even vaccinated people – especially those vulnerable to severe illness – may still benefit from treatment.

COVID-19 Vaccination: *On this episode of A Girl Like Me LIVE, host Ci Ci Covin talked with advocate Gina Brown, RSW, about her personal experience with the COVID-19 vaccine, clinical trials, vaccine hesitancy, and more.*

View other episodes in the [A Girl Like Me LIVE series](#)

?Vaccination

The basic technology behind the COVID-19 vaccine, modified ribonucleic acid (mRNA), had been in development since the 1980s. Data were also available from research into vaccines against similar viruses, such as severe acute respiratory syndrome (SARS) or Middle East Respiratory Syndrome (MERS). Using that information, several pharmaceutical companies across the world raced to develop a vaccine against the new virus, SARS-CoV-2. They were aided by increased funding for managing and containing the global pandemic.

After extensive safety testing, government agencies in various countries approved one or more vaccines for use within their borders. Booster shots for emerging new virus variants have been approved since, with the most recent round of boosters in late 2023.

While getting vaccinated may not keep you from being infected with SARS-CoV-2, it does decrease your chances of developing COVID-19, and significantly reduces the risk that you will develop severe COVID-19 disease.

According to the US Department of Health and Human Services, anyone older than 6 months can get the COVID-19 vaccine for free, even if they do not have health insurance or immigration documentation in the US. Early in the pandemic, all pharmacies offered the shots for free. Now not all pharmacies participate in the government program, and those that don't may bill people who don't have insurance.

Because the vaccines were developed so quickly and used novel technology, some people were skeptical that they would work and were safe. Conservative groups and politicians fanned that distrust, and both misinformation (incorrect information passed on because the person doesn't know better) and disinformation (incorrect information passed on intentionally for a specific purpose) around COVID vaccination began to flourish.

It is important to note that, while both infection and vaccination produce antibodies against SARS-CoV-2, the antibodies generated by vaccination are longer-lasting and more predictable. SARS-CoV-2 keeps changing (mutating) because that's what viruses do, not because of the vaccine. **Vaccine ingredients are safe.** Health events reported to the US Vaccine Adverse Event Reporting System, which monitors vaccine safety, are often sent in by laypersons, not healthcare providers. What they report may not be related to the vaccination at all.

Long COVID

In early October 2021, the World Health Organization published a definition of a condition that has become known as long COVID – symptoms such as persistent fatigue, muscle aches, shortness of breath, and memory issues after having COVID-19. Symptoms differ among people and can include ongoing fever, sleep problems, long-lasting change in smell or taste, gut issues, a rash, or other conditions.

Long COVID is still poorly understood. Much of pandemic-related research was dedicated to preventing and treating the acute illness, with much less attention paid to long-term consequences for some people. Broader research into long COVID is now getting underway. Results from some studies are already showing a connection between long COVID and HIV. One large study found that people living with HIV were approximately 30 to 80 percent more likely to experience prolonged symptoms after having COVID-19, with the chance even higher among people who acquired strains of SARS CoV-2 before mid-2021.

In the early days of the HIV epidemic, activists pushed for research to understand the then-new virus and find treatments for its long-term effects. They also fought against stigma and for social and financial support for people living with HIV. HIV activists are now using the experience from those struggles to build a movement advocating for research and supports for people with another chronic illness, long COVID.

COVID-19 Advocacy and Mutual Aid

Shutdowns started in the US in mid-March 2020. By early May, the unemployment rate had hit almost 15 percent. Many of the 20.5 million people who lost their jobs had worked in the hospitality or leisure industries, often for low wages. In response, the US government sent "economic impact payments" to low- and middle-income US citizens and permanent residents who had filed a tax return. Many of the people who most needed the money – such as those with another immigration status, or who had not filed tax returns for lack of income – were left out.

In early October 2020, 52 million people in the US were food insecure. In response, local groups built "little free pantries" – modeled after little free libraries – and established "community fridges." Neighbors filled these with groceries or home-cooked meals, and people took what they needed to feed themselves and their families. The pantries were also used to redistribute free COVID-19 tests and other supplies to people who could not get them – e.g., because they were unhoused. Many pantries

and fridges continue to exist to this day.

Local mutual aid groups arranged for volunteers to go shopping or run errands for people vulnerable to severe effects from COVID-19. Volunteers also distributed hot meals and took people to vaccination or testing sites. Some of these efforts continue to support people with long COVID.

Surges in protests around the Black Lives Matter movement and other social justice issues also occurred in the summer of 2020, during the height of the pandemic. Despite large marches, there was no significant increase in COVID-19 cases because demonstrators took virus precautions: masks, hand sanitizer, social distancing. At some of the larger events, volunteers handed out these and other supplies, as well as information on keeping safe at protests.

COVID-19 Vaccination and Clinical Trials: *View this informative and engaging conversation with A Girl Like Me LIVE host Ci Ci Covin, physician and advocate Oni Blackstock, MD, and The Well Project CAB chair Gina Brown, RSW, covering the COVID-19 vaccine, clinical trials, and more to know to keep safe.*

View other episodes in the [A Girl Like Me LIVE series](#)

Where Are We Now?

After initial lockdowns and massive efforts to prevent the spread of the pandemic, many governments, including the US, have declared the emergency over. However, the virus that causes COVID-19 is still in circulation and continues to cause illness and death worldwide, if not at the scale experienced in 2020.

When most people stopped masking, getting COVID-19 booster shots, observing a safe distance from others, or staying home when sick, some people with long COVID or at risk of severe complications from the respiratory virus could no longer safely leave home. HIV activists have successfully pushed for safety protocols around handling blood, such as wearing a mask and gloves when tending to an injured person, to become a universal practice. Similarly, wearing masks – especially in medical settings or when someone has any respiratory symptoms – frequent hand washing, and staying home when sick could become universal precautions that would allow people vulnerable to COVID-19 and other respiratory illnesses to enjoy public settings again.

Taking Care of Yourself

Anyone at any age can acquire, become sick from, and potentially even die of COVID-19. Older adults and people with preexisting conditions and vulnerabilities may be more likely to experience severe illness. Keeping up to date with vaccinations, and taking treatment if appropriate, lowers the chance of severe illness. You can also reduce the spread of COVID-19 – and your own chance of getting COVID – by taking precautions like:

- keeping your hands clean and/or sanitized;
- wearing a mask (masking up) in places where you will be close to others for a while without air flowing through (ventilation);
- getting tested if you have symptoms or contact with someone who has COVID; and
- staying home if you are sick.

Honoring Community Members Lost to COVID-19

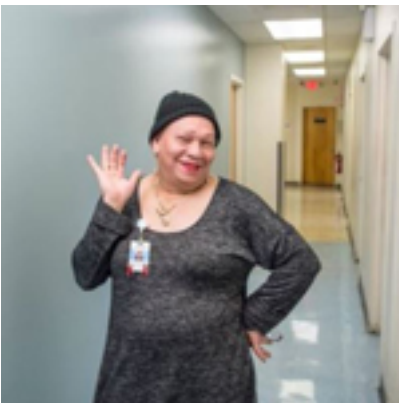
[Tributes to HIV/AIDS Community Members We've Lost to COVID-19 So Far](#) (TheBody): Slideshow commemorating folks who have died of COVID-19 who were living with HIV, working in the field, and/or addressing HIV in media, art, and culture. Author Tim Murphy asks those who know others in the HIV community who passed away from COVID-19 to email him.

Image



[Our Community Champion, Deloris Dockrey](#) (ICW, GNP+, PWN-USA): Dockrey was a ray of light and positivity, as well as a fierce advocate for the rights of people living with HIV, especially women.

Image



Source: Community

Healthcare Network

[R.I.P. Lorena Borjas, a Transgender Latinx Activist Lost to COVID-19](#) (POZ; includes video): Borjas fought tirelessly for transgender and immigrant communities in New York City, operating HIV-testing programs and syringe exchanges and fighting to change police policies toward trans people and sex workers.

Articles and Resources from the Early COVID-19 Pandemic

From mid-March 2020 through September 2021, The Well Project maintained a comprehensive list of trusted resources we believed could be useful to our community – including women living with HIV, their allies, and healthcare providers – during a difficult and disorienting time. We have kept some of these articles and resources on our website as an archive of materials from this period in our community's history. Any basic information mentioned on pages and in videos is likely to be out of date.

Basic Facts

- [COVID-19 and HIV: What You Need to Know](#) (TheBody; includes video; 2021): Comprehensive collection of frequently asked questions, basic facts, and practical advice, plus a video conversation with David Malebranche, M.D., an internal medicine physician and HIV sexual health expert.
 - [Lee este recurso y mira un video con un experto en español](#)
- [COVID-19 and People Living with HIV: Frequently Asked Questions](#): Developed and regularly updated by a group of HIV organizations, including The Well Project, based on the best information available on COVID-19. (List of collaborating organizations, in alphabetical order: AIDS United | HIV Medicine Association | Latino Commission on AIDS | NASTAD | NMAC | Positive Women's Network – USA | Prevention Access Campaign | TransLatin@ Coalition | US PLHIV Caucus | The Well Project; 2020)
 - [Disponible en español](#)
- [Debunking Junk Theories on the New Coronavirus, Including Its Nonexistent Link with HIV](#) (TheBody; 2020): Busting many early myths that spread worldwide alongside COVID-19
- [COVID-19 Practical Home Care](#): A guide by and for COVID-19 survivors and those caring for them at home, assembled by designer and researcher Hannah Wei

Vulnerable Communities

- [Gender Justice in the Global COVID-19 Response](#) (Columbia University Mailman School of Public Health): View the video recording of the May 21, 2020, conversation with a powerhouse panel of global feminist leaders – including longtime leaders in the HIV movement – discussing gender justice in the global COVID-19 response
- [Black People Face Higher COVID Infections & Deaths. Should They Have Lower Age Cutoffs for Vaccines?](#) (Democracy Now!; video): Dr. Oni Blackstock, a primary care and HIV physician, argues that age cutoffs should be lowered or removed for Black people in order to speed up inoculations, noting that Black Americans are twice as likely to die from COVID-19 as white Americans
- [COVID-19 and People Living with HIV](#) (Global Network of People Living with HIV - GNP+; International Community of Women Living with HIV - ICW; Global Network of Young People with HIV - Y+): Archive of information, resources and stories, and a report on how our global communities responded and took action to protect the rights of people living with HIV during COVID-19
- [Coronavirus: Wisdom from a Social Justice Lens](#) (Irresistible / Healing Justice Podcast): Medical information, invocations, grounding practices and dialogue from a March 7, 2020, webinar organized and cohosted by JD Davids of the Cranky Queer

Criminalization and Violence

- [America Has Responded to Outbreaks With Fear and Discrimination Many Times Before. With Coronavirus, We Can Do Better](#) (TheBody): Context, resources, a recap and webinar recording of "Policing Pandemics: Criminalization Lessons from HIV to COVID-19," an in-depth April 16, 2020, discussion on the dangers of criminalization during the COVID-19 pandemic featuring a panel of HIV criminalization, public health, policy, and law experts
- [Addressing Partner Violence and Trauma](#) (Positively Aware): Survivors and advocates faced new problems – and developed new forms of support
- [COVID-19 Special Issue](#) (Prison Health News; PDF): Information on how people in prison could protect themselves and each other and manage their mental health during COVID-19

First-Person Stories

- [Surviving Covid](#) (A Girl Like Me): Blogger Marig2016 shares her weeks-long battle with COVID-19
- [The Covid Vaccine](#) (A Girl Like Me): Blogger Escalice shares her thought process around deciding to get the COVID-19 vaccine
- [Grieving in the Age of COVID-19](#) (A Girl Like Me): A heartbreaking account of mounting family and community losses from COVID-19, which New Orleans-based blogger and community advisory board member Gina Brown (MzGee1966) calls her "2020 Hurricane Katrina"
- [Stigma at Times of COVID-19](#) (A Girl Like Me): Blogger HIVstigmafighter provides an important teachable moment on stigma for a healthcare provider
- [Remembering HIV Activist Deloris Dockrey, Recently Lost to COVID-19](#) (TheBody): A touching and informative interview with Martha Cameron, regional coordinator for the International Community of Women Living with HIV North America (ICW-NA), about her late colleague and friend (see above for a full obituary of Dockrey)

- [Quarantine, Anxiety, Pregnancy, and Learning How to Forgive Myself](#) (A Girl Like Me): New blogger HEROConnor shares fears, concerns, and gratitude
- [My Anti-Stigma Message](#) (A Girl Like Me): Blogger Lynnea shares her thoughts on stigmas surrounding COVID-19 and HIV, as well as the realities of being a working parent during this pandemic
- [Isolation](#) (A Girl Like Me): Blogger Angel S.'s poetic meditation on times of quarantine
- [African Americans Are Bearing the Brunt of the Coronavirus Pandemic—Including My Family in Albany, Georgia](#) (TheBody): HIV advocate and writer Ace Robinson shares expertise on race and health disparities - and his own experience losing family members in a Southern town hard-hit by COVID-19
- [The Children Know](#) (Yale Review): When the author's father died of AIDS complications, he couldn't shield her from his pain or the government's indifference. With COVID-19 - and children of her own - she relives that trauma.

Learning from the HIV Response

- [Coronavirus May Have You Feeling Down. But Don't Give Up Before the Miracle Happens](#) (TheBody): Longtime HIV activist Jaime Grant reflects on witnessing several angles of the early days of both AIDS and, now, COVID-19
- [Kenyon Farrow on COVID-19: Racial Justice and Lessons from the AIDS Crisis](#) (Laura Flanders Show): Senior editor for TheBody Kenyon Farrow discusses the racial and economic implications of COVID-19. What does this global crisis reveal about our relationship to each other and what steps can communities take to empower and learn about this virus?
- [Mistakes from the HIV Pandemic Should Inform the COVID-19 Response for Maternal and Newborn Care](#) (International Breastfeeding Journal): Policy makers and practitioners need to learn from the mistakes of the HIV pandemic and not undermine breastfeeding in the COVID-19 pandemic
- [Rights in the Time of COVID-19: Lessons from HIV for an Effective, Community-Led Response](#) (UNAIDS): A call for countries to adopt a human rights-based approach in responding to the global outbreak of COVID-19 that puts communities at the center and respects the rights and dignity of all



Having Sex Safely During COVID-19

- [Having Sex During COVID? Here Are Some Sexual Health Resources to Consider](#) (TheBody): Expert tips, resources and advice during this potentially stressful time surrounding sexual health
- [How to Have Sex in the COVID-19 Coronavirus Pandemic](#) (The Cranky Queer): Ideas for sexy social distancing — because sex that's good for you is good for you
- [Love the One You're With – Sex and Pleasure in the Time of COVID-19](#) (Positively Aware): A humorous and informative reflection and resource roundup
- [We Need a Plan for How to Have Casual Sex Again](#) (TheBody): "People need to have sex. And it's time that we have a plan in place on how that can happen safely during the time of

COVID-19. Of course, the first problem is that we must think of sex as essential."

Additional Resources

Select the links below for additional articles of interest.

- [Coronavirus \(COVID-19\) and People with HIV \(HIV.gov\)](#)
- [HIV and COVID-19 \(BeInTheKnow\)](#)
- [CDC Museum COVID-19 Timeline \(US Centers for Disease Control and Prevention\)](#)
- [How COVID-19 Impacts Women and Girls \(UN Women\)](#)
- [5 Ways Women and Girls Have Been the Hardest Hit by COVID-19 \(Oxfam International...\)](#)
- [Long COVID or Post-COVID Conditions \(CDC\)](#)
- [COVID-19: Long-Term Effects \(Mayo Clinic\)](#)
- [More Evidence That Long COVID is More Common in People with HIV \(aidsmap\)](#)
- ['Brilliant at Survival' — Long COVID Afflicts Trans and Bi Patients at Highest ...](#)



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