American writer Anthony J. De’Angelo said “Don’t reinvent the wheel, realign it.” It may be time to realign our thinking about COVID-19 based on lessons learned from the HIV/AIDS pandemic of the 1980s. We are living through a time of quarantine, social distancing, and fear about when life will return to normal. Never before has the world been told to shelter in place.

We can draw a sociological comparison and apply the knowledge we’ve gained from almost 40 years of HIV and AIDS research and statistics. Let’s start with the numbers: There are more than 1 million people in the US living with HIV today, 14% of whom do not know they are infected [1]. In 1980, San Francisco resident Ken Horne presented to the Center for Disease Control with Kaposi’s Sarcoma (KS) and was later retroactively diagnosed as the first patient of the US AIDS epidemic[2]. At the time, both San Francisco and New York were epicenters of the AIDS pandemic. Though San Francisco has not been identified (yet) as an epicenter for COVID-19, New York has been, and under the leadership of Governor Andrew Cuomo, has taken an aggressive approach to curtailing the virus. There have been more than 150,000 cases and 7,000 deaths in New York and the CDC has begun categorizing all cases as “travel related” or “close contact” to delineate how the virus has spread. Worldwide there are nearly 75 million cases and almost 100,000 deaths. It is important to note that more than 362,572 patients have recovered from the virus—a statistic that does not seem to be reported nearly as much as the death rate(Table 1) [1-4].

<table>
<thead>
<tr>
<th>Virus</th>
<th>Total Cases Worldwide</th>
<th>Total Deaths Worldwide</th>
<th>Deaths in US</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>74.9 million</td>
<td>32 million</td>
<td>700,000</td>
</tr>
<tr>
<td>COVID-19</td>
<td>1.6 million</td>
<td>96,794</td>
<td>14,696</td>
</tr>
</tbody>
</table>

Table 1: Total AIDS and COVID-19 cases and deaths in the US and Worldwide of the HIV/AIDS and COVID-19 pandemics.

Both AIDS and COVID-19 were large, global outbreaks affecting the population and causing a significant social impact. Initially, the media represented AIDS as a disease that could only be spread among the homosexual population, but we now know that is incorrect. AIDS can be spread through sexual contact among heterosexuals or innocuous methods such as a blood transfusion, as was the case for both famous US tennis champion 49-year-old Arthur Ashe following his heart operation and 13-year-old Ryan White who contracted it after a blood transfusion for hemophilia.

What we did not anticipate immediately was the effect on our global economy. The supply chain has been disrupted[5] and has led to recent instabilities in investments and market declines. The shut-down of nearly all retail stores, museums, Broadway plays, restaurants, domestic and international conferences, and general travel bans has contributed to losses we have not seen in a decade or more. It remains to be seen whether this will be categorized as a market dip, a recession, or a new depression. While some are only now beginning to realize the severity of the situation, others have been following the pandemic that began in Wuhan, China in December 2019 when a cluster of pneumonia cases of unknown origin were identified in a South China Seafood Market [6]. We could not have predicted then the impact it would have on us at the local level nor can we predict now when the virus will be
considered contained, allowing us to leave our homes and return to work, play, and socializing.

Because of its origin it was initially branded the Wuhan Virus. Then it became known as the novel Coronavirus. With agreement among the scientific community we now refer to it as COVID-19. The rapid rebranding of the virus appears to be an attempt to place blame on China (or put another way, “foreigners carry contagion” according to President Donald Trump)[7] and precipitates the belief that the pandemic may be racially motivated.

Living through the COVID-19 pandemic will feel familiar to those who lived through the early AIDS era of the 1980s. Forty years ago, we never dreamed there would be a cure for AIDS. Right now, it’s hard to imagine a rapid cure or an end to COVID-19. The loved ones we’ve lost will not be returned. Businesses will fail, and recovery will not be swift.

Our government has asked us to shelter in place with our families and avoid contact with those outside of them. If we must leave the house, we’re told it is prudent to wear a mask and/or gloves and to stand six feet apart from anyone we see. We are now fighting an invisible enemy. We don’t know what we might touch or inhale or come into contact with that will expose us or infect us. There is a glut of information on the news and internet with sources varying from the Centers for Disease Control (CDC) to anecdotal opinion. A Google search for COVID-19 returns 8.6 billion results. For some, the more we research it, the more afraid we become.

Do crises like these bring out the best or the worst in us? I lived through the era of the attacks of September 11, 2001 and would argue that act of terrorism brought out the best in the New York and surrounding communities. Unlike then, we now have social media and are streaming some of these random acts of kindness on our phones and computers. Teachers are helping their students virtually, crafters are making masks, doctors in all specialties are donating personal protective equipment (PPE), ventilators, and other life-saving gear. The world is rallying together and learning from country to country how to flatten the curve and slow the spread.

What comes next is assimilation. We have to adapt to our new normal. We may have gained a new perspective from our time in quarantine and that will be a part of how we live our lives in the post-COVID era. How we respond during and after the pandemic will be how this era is defined and remembered, just as we are now reflecting and comparing our actions surrounding AIDS 40 years later. Pandemics act on social fault lines created by people globally and locally and as we learned with AIDS, a lack of shared humanity was not challenged fast enough to prevent unnecessary deaths [8].

An article by Boerner quotes Dr. David Holtgrave, former member of the President’s Advisory Council on HIV/AIDS (PACHA) who currently serves as the Dean of the School of Public Health at the State University of New York at Albany and reminds us of the importance of humanity and kindness during this pandemic crisis. We are not all the same in our ability to fight and survive, so we must help one another:

“I really have been struck by the parallels around these issues with housing and food security and financial stability and stigma, whether it’s with HIV or coronavirus. When we say to people, ‘You should quarantine at home,’ it assumes that you have a home,” he said. We think of people stocking up on supplies and groceries for a couple weeks or more that implies that you have the financial resources to do that. And when we also state that people should stay at home if you’re ill, it assumes that you have paid sick leave or can somehow afford to miss work without pay. When we say you don’t go to school, it assumes you have somewhere else to go and that you have another source of nutrition besides the breakfast and lunch you might be getting at school [8].

As we strive to realign the wheels of our lives, perspectives, economy, and social interactions, we should remember to honor the past and the sacrifices made by those who came before us and those essential workers who are risking their lives right now to help end the COVID-19 pandemic. We should strive to remember this time for the action we took and the examples we led by. We will hear about the heroes and we will hear about those who have lost their battles and it will shape our communities for years to come. My hope is that we stand out for the good we did, the smart choices we made, and the steps we took to help end this pandemic. It’s not too late to make this a legacy of which we can all be proud; after all, we’re truly in this together.

References

Citation: Cress P (2020) Learning from the Viruses Among Us: Comparing COVID-19 to HIV and AIDS. Emerg Med Trauma. EMTCJ-100037