What If We Treated COVID-19 the Way We Treat HIV?

An advocate living with HIV urges us to fight for a renewal.

April 2, 2021 By Jeremiah Johnson

The COVID-19 pandemic has revealed that as a nation we are OK with mandating behavior change for the sake of public health in marginalized populations, but not for society as a whole — and certainly not for privileged classes.

If we treated the new coronavirus in the same way we have treated HIV — and if we stigmatized straight white men the way we stigmatize literally every other population when they struggle disproportionately with health conditions — the narrative around masks and other preventive measures would be quite different in America right now.

As a gay man, when I struggled with preventing HIV infection, I solely was held responsible. I was given no credit for any of the preventive measures I had taken to avoid the retrovirus, and my challenges with accessing and successfully utilizing prevention options were continually dismissed.

I compare that to a recent New England Journal of Medicine podcast, where I heard a doctor say that they didn't think the Centers for Disease Control and Prevention (CDC) should promote N95 masks or double masking because people might struggle with the discomfort. Hearing him say that, I couldn't help but laugh. Not because I think that individual comfort shouldn't be a factor in scaling up preventive measures for infectious diseases — it absolutely should.

I laughed because of how different the conversation around masks has been compared to barrier methods for HIV, and how unsurprising it is that, once again, the public narrative prioritizes the comfort of privileged groups while readily mandating behavior change for others.

Those of us fighting to avoid HIV didn't have doctors and public health officials acknowledging that our barrier methods — primarily condoms — were uncomfortable and difficult to adhere to 100% of the time. In fact, there was a mass effort to gaslight almost anyone who dared to say that barrier methods were difficult to use.

Powerful individuals were not sympathetic to our challenges with condoms in the way that so many are sympathetic to challenges with masks. And, I'm sorry, but for many of us condoms are a

hell of a lot harder to use all the time compared to masks.

Coming from an HIV background, I can readily see just how lucky privileged groups have been to have so many people anticipating and responding to their discomfort. Seeing that met with petty resistance by so many conservatives and straight white men toward even the most basic preventive measures has been fairly baffling.

Can you imagine if gay men had showed up with guns to a state capital building and threatened to kidnap a governor because we were being told to use barrier methods for sex and reduce our number of sexual partners, our equivalent of social distancing?

For those who don't like barrier methods and limiting contacts to prevent the new coronavirus, better options are available after less than a year of the pandemic. Literally the entire country is focusing on access — eliminating out of pocket costs, ensuring physical availability in as many neighborhoods as possible, countrywide awareness and education campaigns out the wazoo. Yet among white Republicans — the party that is by and for (rich) straight white men — more than half have said they won't take the COVID-19 vaccine. The lack of perspective, the stubborn childishness of so many privileged individuals is absolutely astonishing.

The comparably gentler, less authoritarian response to COVID-19 prevention has been built upon the collective belief that we as a society have a right to coerce behavior change in marginalized groups in a way that we do not for society as a whole — and certainly not for straight white men. And, it has demonstrated just how important it is for us to continue to advocate for more health care and political leadership coming from marginalized communities, particularly Black and brown communities.

As we have seen so much recent turnover in the public health field following the intensity of the past year, I am eager to see how the CDC, health departments, community-based organizations, and all other major players will fill those vacancies with representatives from the communities that have been hit the hardest by both COVID-19 and HIV.

To be clear, I do not advocate for stigmatizing conservatives and straight white men around their behaviors with COVID-19. And I do not advocate for overly authoritarian responses to epidemics and pandemics. I believe that anytime we can reduce the level of stigma in relation to health conditions, it is better for society as a whole. And anyway, if we did start stigmatizing and criminalizing more, I guarantee that the harshest measures would not be applied to straight white men.

But for a year, as I've seen conservatives and straight white men whine and complain about even the smallest attempts to alter their behaviors (and, yes, I know #NotAllStraightWhiteMen), I just want to shake them the way I want to shake a petulant, spoiled rich toddler who is throwing a tantrum over literally nothing; a child who seems totally oblivious to just how easy things are for them compared to others. I want to slap them hard across the face and, using my best Cher voice, tell them to "Snap out of it!"

I will not do these things, but I do feel once again convinced after the past year (really the past five years), that the behavior of conservative white leadership has definitively shown just how little perspective they have, how resistant they are to demonstrate gratitude for the easier, gentler treatment they receive from society as a whole compared to those on the margins.

More than ever, I feel we must fight for a renewal in this country — particularly through a revolution of Black, brown, female and queer leadership — lest we continue to follow behind a demographic that is decidedly less prepared for survival compared to those who have had to fight for their safety and protection.

We must follow those who, because of lived pain and suffering, understand the difference between real and imaginary threats; those who have walked through the fire and emerged more resilient and powerful than ever.

This opinion was written by Jeremiah Johnson, HIV project director at Treatment Action Group. As an advocate living with HIV, he was featured on the cover of the July/August 2008 issue of POZ.

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