Heartbeat and History

In an opinion piece titled “Atlanta: The Heartbeat and History of an Epidemic Still Fighting to Be Won,” advocates Kelley Robinson, Octavia Lewis and the Reverend Claude Bowen urge for more. Below is an edited excerpt.

January 5, 2026 By Kelley Robinson, Octavia Lewis and Rev Claude Bowen

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Atlanta has always been both the mirror and the moral compass of America’s HIV epidemic. It is the home of the Centers for Disease Control and Prevention, the epicenter of HIV research at Emory University and the lifeline of Grady Hospital—all symbols of progress and promise. Yet behind that reputation lies a more complicated truth: Atlanta is still fighting to meet the needs of the very communities that made this movement possible.

For decades, Atlantans have led the way—from the early days of community care at the Atlanta Gay Center to the founding of the city’s Department for HIV Elimination. Every major victory here has been driven not by bureaucracy but by community. People living with HIV, Black and Brown queer and trans leaders and neighborhood organizers have carried this movement forward. They are the heart of Atlanta’s response and the heartbeat of its future.

But the heart of this city is tired. While Atlanta is often praised as a forerunner of HIV innovation, many community agencies are stretched beyond capacity. Chronic underfunding has limited outreach and weakened our linkage-to-care systems. Too many Atlantans go untested, untreated or unconnected because the local workforce simply cannot keep pace with the need. These agencies are the backbone of Atlanta’s HIV response—but a backbone cannot bear the weight alone.

The result is a system that looks strong from afar but strains under inequity up close. Black gay and bisexual men, Black transgender women and Black cisgender women remain the most affected, with infection rates that reflect not a failure of science but a failure of justice. Prevention tools like PrEP [pre-exposure prophylaxis] and treatment options are available, but access is uneven. For too many, the promise of ending the epidemic still feels like someone else’s dream.

To change this, Atlanta must move beyond innovation alone and embrace cultural humility as a public health strategy. It’s not enough to deliver care; we must deliver it with understanding,

compassion and respect. HIV work cannot be siloed from mental health care, trauma recovery or housing security. The affordable housing crisis, un-treated mental health needs and stigma remain direct barriers to viral suppression. Ending the epidemic requires a system that sees the whole person.

Atlanta’s history shows that change is possible when we face hard truths. The 2015 Fulton County HIV program audit forced a reckoning that led to stronger oversight and coordination. The 2019 legalization of syringe services reflected a bold commitment to harm reduction and saving lives. The use of molecular cluster analysis has helped identify transmission networks in real time, bringing precision to prevention. But even with these advancements, inequities rooted in racism, poverty and stigma continue to shape outcomes.

What stands in the way is not only a lack of resources but also a lack of shared power. Expertise is too often measured by connections rather than lived experience. Those most affected by HIV are invited to the table but rarely given the microphone. That must end.

True leadership in this moment requires humility—the willingness to listen, to share power and to be held accountable. We cannot build an equitable HIV response on the same hierarchies that helped create inequity.

Decision-makers at every level, from government agencies to philanthropic funders, must intentionally center the leadership of people living with HIV and the organizations closest to the community.

Atlanta’s heart has always led this fight. Let’s make sure it finishes it.
