Service During COVID-19

A snapshot of HIV providers responding to the new pandemic

May 18, 2020 By Trent Straube

“The AIDS Foundation of Chicago and Center for Housing and Health staff members are working remotely as a cautionary response to the coronavirus. We have significantly limited on-site business at our physical office location. Unless you have a confirmed appointment, please do not come to the AFC/CHH offices.” So begins an announcement on AFC’s website, one of countless similar messages from HIV groups across the country. Like the others, AFC promises that “services will not be interrupted, as we will continue to serve our community virtually.”

From stay-at-home orders and economic shutdowns to elevated health risks and virtual doc appointments, the COVID-19 pandemic affects us all. Each HIV organization responds to this new normal in its own way, so check with your provider to see which services are still being offered and in what format—for example, via Zoom meetings or prearranged on-site visits.

In New York City, GMHC has ceased its building operations. “This is especially prudent given the fact that so many of our clients are over age 50 and/or have compromised immune systems,” explains GMHC CEO Kelsey Louie, referencing factors that can put people at higher risk for severe COVID-19. For now, GMHC provides most of its services by phone and video; notably, its lifesaving meal program continues as GMHC on the Go. Iris House, which primarily serves women living with HIV in Harlem, also offers Grab & Go bag lunches in addition to an emergency food pantry and select HIV services. Similarly, to abide by social distancing guidelines, staff at AIDS Project Worcester in Massachusetts set up open-air tents where clients can pick up boxes of food as well as harm reduction materials, including syringes.

A harm reduction tent at AIDS Project WorcesterCourtesy of APW

Telemedicine at Medical Advocacy & OutreachCourtesy of MAO

In Alabama, Medical Advocacy & Outreach (MAO) has been using telemedicine—electronic or virtual communications between clients and health care providers—to reach its rural HIV clients for several years, so staff have been able to nimbly escalate its use. For other groups, it's been a challenge. Palmetto County Care in Charleston, South Carolina, incurred the unplanned expense of new laptops so staff could work from home. "This is new territory, and we are using unfamiliar technology and systems," Jason Kirk, the group's director of development and marketing, told NMAC, "but we are working our hardest to ensure that our clients do not fall through any cracks left by this pandemic."

Conversely, many groups that operated as federally qualified health centers still provide medical services on-site, though often streamlined to today's needs. Whitman-Walker Health in Washington, DC, offers in-person respiratory clinics for its clients affected by COVID-19 (coughs can also be evaluated over the phone). And in Palm Springs, California, shortly after opening clinics at a new location, Desert AIDS Project met an unexpected community need by adding the COVID-19 Triage Clinic, complete with drive-through testing.

Desert AIDS Project courtesy of DAP

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