Our Solution

The Black AIDS Institute hosts a conversation with Anthony Fauci, MD, on COVID-19 and HIV.

January 4, 2021 By Oriol R. Gutierrez Jr.

Anthony Fauci, MD, was the guest of the Black AIDS Institute (BAI) in an online conversation held in September 2020. He is director of the National Institute of Allergy and Infectious Diseases, which is a part of the National Institutes of Health. He is a longtime HIV researcher and a leading COVID-19 expert.

The discussion was part of BAI's speaker series "The Blacker The Plan: Our People. Our Problem. Our Solution." In this episode, Fauci explored the specific COVID-19 needs of Black people and those living with HIV. He was joined by Raniyah Copeland, MPH; Grazell R. Howard, JD; Marlene McNeese; and Jesse Milan Jr., JD.

Copeland is BAI president and CEO. Howard is founder and CEO of the consulting firm King & Kairos. She is also BAI board chair. McNeese is assistant director of the disease prevention and control division of the Houston Health Department. She is also a BAI board member. Milan is president and CEO of AIDS United and a long-term HIV survivor. He is also BAI board chair emeritus.

The episode begins with this question: "Black Americans have acquired COVID at more than twice the rate of our white counterparts. Even worse? Our death rate is three times higher. How can we safeguard ourselves from this health disparity?" Below is a condensed transcript. Go to BlackAIDS.org for more.

Copeland: Where are we with COVID-19, particularly as it relates to Black people?

Fauci: Just take a look at where we are in general, and you'll see that relates significantly to African Americans. The outbreak right now is significant and severe. As a nation, we went up to a peak but didn't go back down to a baseline that's very low, like tens or hundreds of new cases per day.

We plateaued at about 20,000 per day, and we did that for weeks until we started to open up America again. That was not done very successfully in certain parts of the country, so that now you're seeing up to 70,000 new cases a day. [Editor's note: At press time, new daily infections had exceeded 160,000.]

Within that context, what continues to happen [to African Americans] is that you have a disproportionate burden—not only of infections but of the serious consequences of getting infected.

In general, Black people are in essential worker jobs that do not allow them to protect themselves as much as others who can work from home. As a result, their likelihood of getting infected is greater than the general population.

Further, African Americans have a disproportionately higher rate of the kinds of comorbidities that lead to a serious outcome [from COVID-19], such as diabetes, hypertension, obesity, heart disease, kidney disease and chronic lung disease.

So if you look at African Americans as a whole population, I call it a double whammy. They have a greater chance of getting infected, and when they do get infected, they have a greater chance of hospitalization, intensive care and dying. That is not acceptable, but it's true.

Milan: What do people living with HIV need to know about COVID-19?

Fauci: HIV is complicated. The reason is there's such a spectrum of persons living with HIV. I would imagine immunosuppression, regardless of the cause, gives you a greater risk of a serious outcome. But if you look at someone who is living with HIV, is on antiretroviral therapy and they have a high CD4 count, I don't see them at significantly greater risk [of serious outcomes].

However, people living with HIV whose viral load is not suppressed to undetectable and who have a low CD4 count, they are immunodepressed. As a result, they have a greater risk of a serious outcome. This is a greater reason to get people tested for HIV and, if positive, get them on HIV treatment.

McNeese: What lessons from HIV can we apply to COVID-19?

Fauci: There are so many lessons. It's the HIV community that has actually come to the front to help out with the new coronavirus. In fact, the U.S. COVID-19 vaccine Phase III trials are, to a significant degree, being conducted by the HIV networks that we all built over the decades. All of that is being leveraged.

Of all the things that we could learn, it's the importance of community engagement. No one did that better—creating a relationship between the community, the investigators and the regulators—than the HIV movement. We need that to address the new coronavirus if we want to do effective trials for therapies and vaccines.

Howard: What can be done for people living with comorbidities if they get COVID-19?

Fauci: What government needs to do is concentrate resources in African-American communities. We need quick COVID-19 diagnoses and access to health care, so if they have underlying conditions, we can get those diagnosed and treated.

Untreated or poorly controlled diabetes or hypertension are always worse [for COVID-19] than when well controlled. The same thing for all the other comorbidities. Rapid diagnoses of COVID-19 and getting comorbidities under control can be done simultaneously.

Milan: Systemic racism is a constant driver of health inequalities in the Black community. What are the medical and public health fields doing to ameliorate these inequities?

Fauci: That's a great question, but there's no easy answer to it. The inequities are obvious, you don't need to be a rocket scientist to see it. The medical and public health communities need to be very vocal about demanding things be done to change those inequities.

It's not going to be something that happens overnight, that's for sure. Access to health care clearly needs to be worked on, but there are so many other more complicated issues.

One of the things that can be done broadly, so that you get the tide that brings all the boats up, is to increase economic opportunities for African Americans. That would go a long way.

McNeese: How do we encourage Black Americans to participate in contact tracing for COVID-19?

Fauci: Let's say I've been in contact with 10 people and I've infected two of them. If you identify those who are infected, you can get them into care quickly. Also, many people who are infected have no symptoms. If you can identify them, you can get them to isolate themselves so that they won't wind up infecting others.

That's the whole purpose—to protect the people you may have exposed and to prevent further spread. The phrase "contact tracing" sometimes makes people shiver because that means you're encroaching on their privacy. We want to protect people and prevent further spread of the new coronavirus in the community. We don't want to encroach on anyone's privacy.

Howard: What is the extent of Black participation in the COVID-19 clinical trials?

Fauci: We've made it a goal to reach out by community engagement to get an appropriate representation of the African-American community in clinical trials. It's important to know if there are any differences in the degree of an immune response, in efficacy and in adverse events. About 20% of participants in the Moderna trial are African American.

Copeland: Any final thoughts?

Fauci: Don't be discouraged, because this will end. This is not going to be with us forever. We've all been locked down for months. It's wearing us down, but please hang in there. Take care of yourselves—physical distancing, wear a mask, avoid crowds.

Stay away from bars. I like bars. I like to sit down at a bar and have a beer and a little snack, but bars are a prime place where it spreads. And do personal hygiene. Do those things and you will diminish greatly the chance that you will get infected.

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