



May 7, 2020

The Honorable Mike Pence  
Vice President of the United States  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Mr. Vice President:

As representatives of the community fighting HIV, hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), our organizations have more than three decades of lessons learned about how to stem the tide of deadly pandemics. We also know the devastation that is caused when these best practices are not followed, and American lives are unnecessarily lost. Indeed, these include *three of the pillars* upon which your Ending the HIV Epidemic Initiative is based. We urge you to ensure that these best practices for prevention and containment of the deadly novel coronavirus are put into place across the nation before any efforts to “reopen” the economy are taken. They include:

- Exponentially **expand COVID-19 testing** in order to focus on rigorous and universal community testing;
- Ensure adequate resources for a **robust public health surveillance system** with necessary privacy protections to inform COVID-19 decision making;
- Build on the existing **comprehensive contact tracing system** to ensure that people who have been infected with COVID-19 are aware of their infection and can take steps to avoid infecting others; and
- Ensure **strong privacy protections** to combat fear of discrimination or legal peril for people in marginalized communities.

Our nation and the world are currently battling a global pandemic of a magnitude we have not seen in our lifetimes. COVID-19 has already infected millions of people, taken the lives of over a hundred thousand, and has directly or indirectly impacted the lives of almost every person in the United States. As the pandemic has spread through our nation, there have been many comparisons made between the COVID-19 pandemic and our fight against HIV and AIDS. Since the beginning of the AIDS epidemic, about 700,000 people in the United States have died as a result of complications with AIDS, and currently over 1.1 million people in the United States are living with HIV. However, based on over 30 years of experience we are saving more lives and closer to ending the HIV epidemic than ever before; with innovative drug development, groundbreaking preventive measures, coordinated public health responses, and federal government leadership, the community has built a playbook of best practices that can be applied beyond HIV.

**Universal access to COVID-19 testing:** Widespread, easy access to testing is a cornerstone of battling any epidemic. Our experience fighting the spread of STDs, hepatitis, HIV, and TB has demonstrated

directly the value of testing not only those who show symptoms, but also people who are asymptomatic but at risk. The Centers for Disease Control and Prevention (CDC) estimated that in 2016, forty percent of new HIV infections were the result of someone not knowing their status – the rate for COVID-19 may be significantly higher. Lack of access to testing for people who are asymptomatic but at risk hampers our ability to safely reopen the economy. ***We urge you to exponentially increase community-based COVID-19 testing capacity, enabling people who are mildly symptomatic and asymptomatic to be tested, everywhere in the country and especially in communities disproportionately impacted by COVID-19.*** Testing of people who are symptomatic, are at high risk, or are essential workers must take precedent, but to truly end the pandemic, the federal government must think creatively and use all available health care infrastructure to expand testing.

**Enhance the public health surveillance system while protecting patients:** High-quality HIV surveillance data has allowed the CDC to engage in “high-impact prevention,” where resources are targeted to communities and social networks with known HIV transmissions. ***This model should be adapted to COVID-19*** to aid efforts to prevent the spread of the virus and contain outbreaks before they overwhelm the local health care system and cause subsequent widespread, extended economic closures. It will also help better inform experts about how the disease is spread and why some people are at greater risk of severe disease and death. Enhanced surveillance must include strong protections against discrimination or legal peril for patients.

**Build on the existing comprehensive contact tracing system:** Contact tracing is a highly effective prevention measure used extensively to prevent the spread of infectious diseases. Public health departments across the nation have trained, experienced disease intervention specialists (DIS), or STD contact tracing teams, to combat the spread of sexually transmitted diseases. These public health professionals are trained in a community response to infectious diseases, and are the front-line fighters against STDs, HIV, TB, and hepatitis. In response to COVID-19, a majority of our nation’s DIS workforce is (appropriately) being diverted to conduct COVID-19 contact tracing. This is the right workforce to protect Americans from this new scourge and ensure that our right to health information privacy is protected. But the existing workforce is not sufficiently funded to address the scope of this work (and we cannot lose sight of their primary mission, to end the STD, HIV, TB, and hepatitis epidemics which continue to rage in vulnerable communities). ***We urge you to increase the contact-tracing workforce by at least 100,000 new workers nationwide*** to staunch the spread of COVID-19.

**Ensure strong privacy protections and responsible use of health data:** It is crucial to ensure that 1) *data-sharing is limited to federal, state, and local public health agencies engaged in responding to the public health crisis*, and 2) *strong protections prohibit criminalizing the potential for, or actual transmission of, COVID-19.* As important as it is to expand testing, surveillance, and contact tracing efforts to contain the COVID-19 outbreak, these efforts must not contribute to the discrimination already experienced by people in marginalized communities. Fear of discrimination or legal peril will deter people from seeking testing or treatment and undermine efforts to combat COVID-19. In order to not exacerbate pre-existing discriminatory practices, any data collected should be expressly limited to tracing the coronavirus, deleted in a timely manner, and have robust protections against private interests and law or immigration enforcement access to, or use of, the data collected.

The White House Coronavirus Task Force should use the lessons learned in our fight against HIV, viral hepatitis, STDs and TB to inform our nation’s response to COVID-19. COVID-19 testing, surveillance and contact-tracing must be adequately expanded before the United States goes back to work. If not, we

may be stuck in a cycle of on-again off-again social distancing, continued preventable deaths, and further economic disruption as a result of this terrible disease.

If you have any questions, please contact Rachel Klein, Deputy Executive Director of The AIDS Institute, at 202-815-2973 or [rklein@taimail.org](mailto:rklein@taimail.org).

Sincerely,

Advocates for Youth  
AIDS Action Baltimore  
AIDS Alabama  
AIDS Foundation of Chicago  
AIDS Research Consortium of America  
AIDS United  
American Academy of HIV Medicine  
American Sexual Health Association  
Association of Asian Pacific Community Health  
Organizations (AAPCHO)  
Association of Nurses in AIDS Care  
AVAC  
CAEAR Coalition  
Caring Ambassadors Program, Inc  
Cascade AIDS Project  
Collaborative Solutions  
Community Education Group  
Community Servings  
DC Fights Back!!  
Equality California  
Equality North Carolina  
Food & Friends  
GLMA: Health Professionals Advancing LGBTQ  
Equality  
Global Liver Institute  
God's Love We Deliver  
HealthHIV  
Hep Free Hawaii  
Hepatitis C Association  
HIV Dental Alliance  
HIV Medicine Association

Human Rights Campaign  
International Association of Providers of AIDS  
Care  
John Snow, Inc. (JSI)  
Latino Commission on AIDS  
Liver Health Connection  
NASTAD  
National Association of County and City Health  
Officials  
National Coalition for LGBT Health  
National Coalition of STD Directors  
National Working Positive Coalition  
NMAC  
North Carolina AIDS Action Network  
Open Hand Atlanta  
Positive Women's Network - USA  
Prevention Access Campaign  
Project Angel Food  
Ryan White Medical Providers Coalition  
Silver State Equality-Nevada  
Southern AIDS Coalition  
The AIDS Institute  
The American Liver Foundation  
The Hepatitis C Mentor and Support Group, Inc.  
- HCMSG  
The Professional Association of Social Workers  
in HIV/AIDS  
The Well Project  
Thrive Alabama  
Treatment Action Group  
TruEvolution

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